Statewide Strategic Plan for the Prevention of Sexual Assault, Domestic Violence and Child Abuse 2006

Statewide Violence Prevention Planning Committee:

Cabinet for Health and Family Services
Department for Community Based Services
Department for Human Support Services
Department for Public Health

Justice and Public Safety Cabinet

Kentucky Association of Children's Advocacy Centers

Kentucky Association of Sexual Assault Programs

Kentucky Domestic Violence Association

Prevent Child Abuse Kentucky

University of Kentucky College of Social Work

University of Kentucky Training and Resource Center

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INTRODUCTION

In August 2004, Michael A. Fields, Undersecretary for Human Services, from the Cabinet for Health and Family Services posed the question, "What do you need?" to over 100 sexual assault, domestic violence and child abuse service providers and advocates from around the state. This question, put forth in a meeting hosted by the Kentucky Association of Sexual Assault Programs and Prevent Child Abuse Kentucky, became the impetus for a unique and first time ever, state level collaborative partnership between state government, post-secondary education, and statewide advocacy groups. Dedicated professionals from the Justice and Public Safety Cabinet; the Cabinet for Health and Family Services, Department for Human Support Services, Department for Community Based Services, and Department for Public Health; the University of Kentucky Training and Resource Center and College of Social Work; the Kentucky Association of Sexual Assault Programs; the Kentucky Association of Children's Advocacy Centers; the Kentucky Domestic Violence Association; and Prevent Child Abuse Kentucky began meeting on a regular basis to collaboratively answer what seemed at first a very simple question.

Charged with speaking on behalf of all victim service providers in Kentucky, the Statewide Violence Prevention Planning Committee (SVPPC) quickly realized the answer to the question of needs could not be determined at the state-level nor could it be solely based on anecdotal information. With the leadership of Chris Groeber, then Executive Director of the Training and Resource Center and Dr. Patty Cook, Assistant Professor with the University of Kentucky's College of Social Work, the SVPPC committed to engaging service providers across the Commonwealth in developing a set of statewide priorities, based on available local, regional and statewide data, related to the prevention and intervention of sexual assault, domestic violence and child abuse in our state.

With no promise of additional funding or resources and with the expectation of continuing to meet the ever increasing service demands, traditional and non-traditional partners in each Area Development District (ADD) agreed to voluntarily participate in this time intensive process. Facilitated by the SVPPC, service providers in each ADD engaged throughout the Fall of 2005 and into the Fall of 2006 to ascertain the assets, needs and priorities of their local communities. All regional input was then synthesized to create a statewide perspective.

What follows is a compilation of 15 regional chapters and the statewide perspective cumulatively answering the question, what are the needs, assets and priorities related to the prevention and intervention of sexual assault, domestic violence, and child abuse in Kentucky. Also included are all data elements and their sources that provided the foundation for the regional and state level efforts. This document is intended to be a guide that will assist and support communities as they seek to develop additional resources, seek funding, make decisions about how to most effectively plan and implement future resources and maintain current levels of funding and service provisions. In no way is this report a final directive, but rather an evidence-based foundation to build from and move forward as Kentucky seeks to end sexual assault, domestic violence, and child abuse.

EXECUTIVE SUMMARY

The Statewide Violence Prevention Planning Committee synthesized input from across the Commonwealth and noted the following themes related to ASSETS:

▶ **Collaboration and Existing Partnerships**
Many regions reported existing collaborations and partnerships as a building block that prevention efforts could build on at the local level.

▶ **Strength of Existing Programs**
A majority of assets named by regional partners included a particular program as an asset in their region.

▶ **Community Attitude that Supports Ending Violence/A Philosophy that Unites Agencies at the Local Level to Do This Work**
Some regions particularly noted that despite difficulties inherent in preventing violence they are united together and supported in the community by a common purpose to end violence.

The Statewide Violence Prevention Planning Committee found the following themes related to DEFICITS:

▶ **Lack of Resources and Lack of Prevention Efforts**
While existing programs were identified as a strength across regions, there was consensus that there are not enough resources for the programming needed to prevent and respond to violence. Despite a common desire to prevent violence, regions reported difficulty envisioning how to expand prevention efforts when they lack resources such as funding, staffing, transportation, housing and substance abuse treatment. In addition, they reported a lack of comprehensive prevention efforts, including education, treatment, and awareness, in their regions.

▶ **Aftercare Opportunities for Those Already Victimized**
In addition to a lack of resources to engage in primary prevention, regions also noted the need for additional secondary and tertiary prevention resources for victims of violence.

▶ **Perception of a Lack of Interest in These Issues Legislatively and the Need to Enhance Provider/Criminal Justice Relationships**
Two areas of concern were raised with respect to a legislative and criminal justice response to violence in Kentucky. First, regions expressed the need for enforcement of existing laws related to sexual assault, domestic violence, and child abuse. Some regions also expressed the need to strengthen the relationship between law enforcement and service providers in order to increase the effectiveness of their mutual response to violence. Second, there was a call for stronger legislation that would support building a culture of nonviolence in Kentucky.

▶ **Data that is Not Representative of the Issues**
In order to assess statewide and regional needs, secondary data including demographics, indicators of violence, and contextual data were examined. Across the state, partners noted that available data is limited and in some cases does not accurately reflect the actual experiences of Kentuckians.

STATEWIDE SUMMARY

STATEWIDE SUMMARY

Methodology

The Statewide Violence Prevention Planning Committee (SVPPC) began meeting in the Fall of 2004. The group was comprised of representatives from many state constituencies that provide services to victims or potential victims of violence throughout the state. Among the members were representatives of the Justice and Public Safety Cabinet; the Cabinet for Health and Family Services, Department for Human Support Services, Department for Community Based Services, and Department for Public Health; the University of Kentucky Training and Resource Center and College of Social Work; the Kentucky Association of Sexual Assault Programs; the Kentucky Association of Children's Advocacy Centers; the Kentucky Domestic Violence Association; and Prevent Child Abuse Kentucky. The SVPPC worked for approximately six months to develop a methodology for engaging representatives of local communities from across the state to develop priorities that matched the needs and assets of their community. Kentucky is divided into 15 regions called Area Development Districts (ADD'S). Each ADD represents a region of Kentucky that comprises between 5-17 counties. For the purposes of completing the strategic planning process, boundaries of the ADD's were used to facilitate the process of getting data about the assets and priorities of local communities. The decision to engage local community participation through the ADD's follows the funding structure of programs and services in the state which are primarily funded on a regional basis. In September 2005, representatives from each region or ADD were invited to attend a Kick-Off meeting at the annual *Kids Are Worth It!*® conference sponsored by Prevent Child Abuse Kentucky. Regions were invited to participate in the planning process. At the end of this meeting, representatives from each of the 15 regions agreed to work to build a core planning team in their respective region.

At the invitation of SVPPC, each region in Kentucky worked from the Fall of 2005 through Fall of 2006 to develop a list of priorities based on their region's individual assets and needs. Most regions facilitated the process by meeting monthly during a three to six month period. Some regions used existing intra-organizational collaborative workgroups as the core planning team to facilitate the prevention planning process. Others developed their core planning team by identifying key stakeholders in their region. Regions worked using a common definition of prevention and an asset-based development framework. The statewide planning team worked to assist regions by synthesizing existing data to understand the state of violence within regions in Kentucky and across the state, using asset mapping to examine the geographical distribution of organizational assets within regions and across the state and using social network analysis to examine the ways in which regional networks of service providers network together through their referral patterns.

With few exceptions, representatives in each region met three times to develop regional assets, deficits, and priorities. Many of the regions used members of the statewide planning team to act as a facilitator at these meetings while others facilitated their own process. The coordinator in each region then submitted a synthesis of their regional assets/deficits/priorities to the statewide planning team. In January 2006, regional representatives were invited to a meeting to discuss the synthesis of these priorities.

Based on the information submitted, a chapter of the Statewide Strategic Plan for the Prevention of Sexual Assault, Domestic Violence and Child Abuse was drafted for each of the 15 regions. In addition, a statewide chapter draft was also written. Each region was given a copy of this statewide synthesis of priorities and their corresponding regional chapter for review and comment in the Spring of 2006. Chapters were revised based on comments received. In October 2006, regions were provided with a revised draft of their regional chapter for final review.

Organizing Concepts

The strategic planning process was informed by several organizing concepts that each region was encouraged to consider. First, regions were encouraged to focus on *primary prevention* planning based on an agreed upon definition of prevention. In addition, regions were asked to consider a broad definition of violence including various forms of violence that occur across the lifespan. Regions were also asked to approach the planning process from an *asset-based perspective*. This approach emphasizes the importance of using existing local assets as a beginning point from which to build prevention activities. When possible, regions were encouraged to incorporate the use of *secondary data* to examine indicators of violence and factors related to violence (such as poverty, education, substance abuse, and mental health) to gain a better understanding of problems related to violence in their region. Finally regions were invited to gather information to develop an understanding of how regional organizational partners network together using a technique called *social network analysis*. Below is a short description of each of these organizing concepts:

Definition of Prevention

The complexity inherent in the task of defining prevention and prevention activities was identified early in the planning process by the statewide planning team. The state team developed a definition of prevention prior to engaging regions in their local planning activities. The definition used in the violence prevention planning process was designed to be comprehensive but regions were encouraged in the planning process to focus on developing priorities to enhance primary prevention. The definition of prevention initially adopted by the statewide planning team is as follows:

> **Asset-Based Perspective**: a working principle based on the assumption that all regions have prevention- oriented assets. By uncovering these assets first, regions have a basis for discovering gaps in needed relationships and resources and identifying natural partners and resources from which to build future prevention efforts.
>
> **Primary Prevention**: the efforts that take place to prevent victimization or perpetration before the violence ever occurs.
>
> **Data Driven Focus**: the commitment to compile and evaluate available statewide, regional and local data related to victimization and perpetration of violence.
>
> **Social Network Analysis**: a method for evaluating patterns of relationships. In this case, patterns of regional organizational relationships based on self-reported referral patterns were explored.

The three levels of prevention- answering the question "when do we intervene" include:

- **Primary Prevention** – the efforts that take place to prevent victimization or perpetration before the violence ever occurs. Media plays a large role in the use of primary prevention. Primary prevention is more than bringing about awareness of the issue. It includes giving directives for behavior – promoting what behaviors are acceptable in addition to telling them what behaviors are not acceptable.

- **Secondary Prevention** – is the immediate response after violence has occurred to deal with the consequences of violence in the short-term. (Sometimes referred to as crisis intervention services.) Examples of this include hotlines, shelter, medical advocates and medical services, and crisis counseling.

- **Tertiary Prevention** – is the long-term response after the violence has occurred to deal with the lasting consequences of violence both for the victim and perpetrator. (Usually referred to as intervention in the way intervention services are typically defined.) Examples include counseling, legal advocacy, housing and financial services.

The three levels of prevention – answering the question "who is it for" includes:

- **Universal Interventions** – approaches aimed at everyone in the entire population regardless of each individual's risk for violence perpetration or victimization. The population can be defined by geography or by population characteristics.

▶ **Selected Interventions** – approaches that are aimed at those who are thought to have a heightened risk for violence perpetration or victimization. In order to define the population you must have an understanding of what factors put people at higher risk for either perpetration or being victimized and design the interventions to address these risk factors. It is also necessary to have a clear understanding of the protective factors associated with preventing victimization and perpetration and design services/interventions/activities to create, enhance and sustain those factors.

▶ **Indicated Interventions** – approaches that are aimed at those who have already perpetrated violence or have been victimized. The goal of these approaches is to lessen the trauma among victims and increase accountability among perpetrators. These approaches may also have the advantageous effect of preventing reoccurrence of violence.

We know that child abuse, domestic violence and sexual assault are all concerns of the public that effect both the public and individuals – victimization results in negative and costly consequences to public health and safety, all while resulting in negative and costly consequences to one's mental health, relationships, ability to work, and ability to function in society. Our focus can be in two directions – either preventing a person from becoming victimized and/or preventing individuals from becoming violent. Framing our work in the public health model of prevention allows us to NOT blame the victim, but to hold offenders accountable for their behaviors and to empower the victim. A public health model also encourages us to stop violence from ever occurring (primary prevention), all while insuring the community responds efficiently and effectively once the violence has occurred (secondary and tertiary prevention).[1]

When considering the level of prevention activities (primary, secondary, tertiary) the SVPPC recognizes that another distinction can be made by asking the question, "Are we focusing our efforts to address violence before or after it occurs?" Primary prevention addresses the problem of violence before there is a victim, while secondary and tertiary prevention activities address the problem after it has occurred. An effective statewide response to violence must include activities involved at all levels of prevention. However, the SVPP has the ultimate goal of preventing violence BEFORE it occurs thus encouraging working toward primary prevention of violence.

Understanding Various Types of Violence Across the Lifespan

Regions were encouraged to consider what would be needed to engage in primary prevention for all types of violence. This is based on the assumption that various forms of violence share common risk factors. The SVPPC and the regions focused primarily on child abuse, interpersonal violence, and sexual assault. However, some regions acknowledged the need to address other forms of violence that are prevalent in their communities. Examples of these other types of violence included school violence and elder abuse.

The SVPPC also emphasized the importance of acknowledging that violence occurs across the lifespan from birth to death. Research suggests that early exposure to violence increases the likelihood that an individual will have future adverse consequences[2]. Other research highlights the relationship of exposure to violence to increased likelihood of victimization or perpetration[3]. In addition, there is also increasing reason to address violence in adulthood as the population ages and rates of adult abuse increase[4].

Asset-Based Framework

In addition to using a common definition of prevention, regions were encouraged to begin by considering what assets were currently in place in their region to deliver or support prevention efforts in their local communities. An asset-based framework is characterized by the assumption that all communities have people, programs and institutions that bring gifts, skills, and abilities that can be tapped to begin the problem solving process[5]. A common strategy for examining assets in a local community is called asset mapping in which a graphical representation of community assets is generated[6]. In this planning process, regions identified a breadth of community assets including people, programs, organizations, community groups, and networks of working relationships that they can be used as a basis for building primary prevention activities. In addition, they examined the geographical layout of organizations that routinely work with victims of violence.

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[1] Adapted from: Centers for Disease Control, 2004.
[2] Chamberlain, 2005; Felitti et al., 1998.
[3] See Chamberlain, 2005.
[4] Kleinschmidt, 1997.
[5] Green and Haines, 2002.
[6] Kretzmann and McKnight, 1997.

Data-Focused Planning

As part of the planning process, the SVPPC prioritized the use of existing data at the regional and county level as a tool for understanding the state of violence in Kentucky. Direct indicators of violence, such as child abuse, domestic violence, and sexual assault statistics and contextual factors related to violence such as poverty, substance abuse, and mental health statistics were considered. Data were gathered from a variety of sources. For a list of data elements used in the planning process see Appendix B. For clarification on the interpretation of selected data sources see Appendix C.

Social Network Analysis

In order to better understand the ways in which providers work together, a social network analysis (SNA) was used to explore how organizations connect with one another on a regular basis. SNA is an analytic strategy used to examine the nature of the relations between people in various types of networks (in this case their regional service provider networks)[7]. SNA is particularly useful to establish trends and patterns of how organizations collaborate or network together. For this project, the analysis was based on reports of referral patterns from people in agencies, organizations, or groups that work with victims and perpetrators of violence. The list of questions used in evaluating regional networks is attached in Appendix D. While this should be recognized as a preliminary analysis of how regions are networked, it does begin to provide a picture of the differences in how regions work together.

Major Indicators of Violence in Kentucky

The data that currently exists on various types of violence in Kentucky paints an alarming picture. The most current estimates of rape suggest that one in every nine women in Kentucky will be a victim of a sexual assault in her lifetime[8]. Furthermore, women in Kentucky are more likely to experience interpersonal violence (IPV) than the national average for IPV victimization. Over one-third of women (36.6%) in Kentucky report being a victim of IPV as an adult according to the national definition of IPV. When stalking and psychological abuse is added to this definition the number increases to just over one-half of women (51.3%) in Kentucky[9]. In 2005, there were 67,114 reported cases of child abuse and neglect. Of these reported cases, 15,212 cases were substantiated[10]. The regional chapters included in this plan outline statistics on violence and related indicators for each region.

Statewide Synthesis of Assets and Priorities

Statewide Assets

Regions were unified in the response that they have a wealth of assets to draw on. Appendix A provides a synthesis of the types of assets identified by regions across Kentucky. Three "types" of assets were prevalent across the regions. The most prevalent asset named was the strength of the existing programs. A majority of the assets listed specified the programs already in existence as assets. The second "type" of assets named was collaborations and existing partnerships. Over a quarter of the assets listed specify collaboration; the majority of regions also believe collaboration is an asset. A third, prevalent "type" of asset named was a community attitude that supports ending violence. This attitude was noted in a set of responses that reflects a philosophy that unites the agencies at the local level to do this work.

Statewide Challenges

The synthesis of the priority areas developed across the state resulted in several common priority areas. Appendix A details the aggregate list of deficits identified by all regions across Kentucky. These include (a) lack of resources (funding, staffing, transportation, housing, substance abuse), (b) lack of prevention efforts (education, treatment, awareness), (c) aftercare opportunities for those already victimized, (d) perception of a lack of interest in these issues legislatively, (e) issues related to the criminal justice system's response to violence, (f) data that is not representative of the issues, data that does not accurately portray the story of the local issues. What follows is a discussion of the synthesis of these deficits into four priority problem areas.

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[7] Wasserman and Faust, 1994.
[8] Kilpatrick and Ruggiero, 2003.
[9] Fritsch, Tarima, Caldwell, and Beaven, 2005.
[10] Kentucky Cabinet for Health and Families, 2005. Data obtained from TWIST dataset.

Priority Problem #1:
# Lack of Resources to Engage in Prevention

The regions were unified in reporting a general lack of resources to support primary prevention of violence. Moreover, regions expressed concern that the level of primary prevention programs/initiatives is also inadequate. In addition, several specific types of resources were repeatedly named as needed but missing. Among these were more staff, adequate funding for prevention activities, transportation to services, substance abuse treatment, and mental health treatment.

Transportation

A prevalent discussion across regions during the planning process was the need for adequate transportation to link people to programs. Prevention programs have difficulty targeting the population equally across their regions. During the strategic planning process, region by region, service providers echoed the problem of getting people from outlying counties to services. Many of the programs related to violence service delivery and prevention are located in one county in the region. The result is "pockets" of available prevention services rather than a seamless set of prevention activities across the state.

An example of how assets are concentrated is shown in Figure 1[11]. This figure highlights a key trend uncovered using asset mapping which was completed for each of the regions. As shown in the figure most organizational assets related to assisting victims or potential victims of violence are concentrated in one county within a region.

Figure 1
Concentration of Services to Victims of Violence

★ Location of Services to Victims of Violence
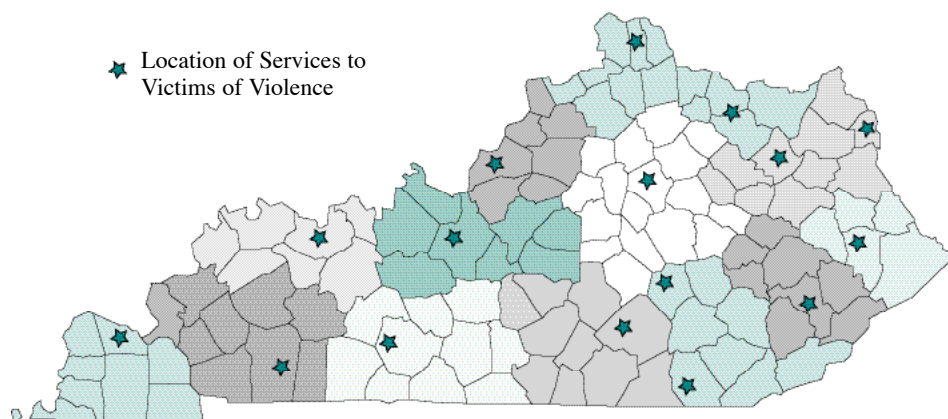
The result is that Kentuckians often have unequal access to prevention services based on their geographic proximity to agencies providing the programs. Without adequate attention to how prevention services will be diffused across regions, these services will continue to reach only pieces of the population.

The Need for Substance Abuse Treatment

Regions were also unified in reporting the necessity for a substantial increase in substance abuse services in Kentucky. Irregardless of the type of violence participants focused their efforts on, such as child abuse, domestic violence, or sexual violence, regions highlighted the link between substance use and misuse and increased violence. Research supports the assertion of regional participants that substance abuse is associated with various forms of violence[12]. Participants across the state reported a noticeable increase in the number of cases in which substance abuse or misuse is related to the violence experienced and expressed the lack of substance abuse treatment as a chief barrier to decreasing violence.

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[11] Including domestic violence shelters, sexual assault programs, children's advocacy centers, and substance abuse treatment programs. Hospitals and child welfare services are not included in this asset map and are more uniformly spread across the state.
[12] Boles and Miotto, 2003.

The Role of Mental Health Service Providers

Regardless of network type in a particular region, the regions tend to rely heavily on mental health programs for service provision to the victims and perpetrators that they work with. Consistently across the regions, participants reported reliance on mental health providers as a top referral source for them. This points to the importance of having adequately funded mental health treatment to provide needed services. In addition, it also highlights the importance of including mental health service providers in primary prevention efforts.

Adequate Funding For Successful Primary Prevention in Kentucky

Despite the unique challenges that organizations and providers face, prevention models are most often developed outside of the context of the challenges inherent to Kentucky. These models are then disseminated in Kentucky communities without attention to how the culture and geography of the community will impact the success of the model. When the prevention effort does originate from community efforts, the successful dissemination of the model is compromised by the lack of an infrastructure that could support such dissemination to other Kentucky communities. Communities have little opportunity to disseminate what has worked in their community to others across the state and in some cases to others in their region. Many regions welcomed the prevention planning process as an opportunity to learn what others were doing in their region.

Currently in Kentucky, prevention activities are generally funded as targeted, "one-shot" style programming that are attached to funding mechanisms that tend to fund a new idea or innovative change for a limited time and often in a limited geographic area. The burden of sustaining prevention then becomes the challenge of the organization or collaboration that have not built sustainable infrastructure (i.e. funding, collaborative networks, and technology) to do so. The result is that we "punch holes" in the problem of violence in selected areas of Kentucky without any mechanism for ensuring that successful strategies are sustained and replicated across the state.

Priority Problem #2:
Lack of Prevention Efforts

Related to the discussion on available resources, regions were unified in expressing the need for more primary prevention programming. In cases where some prevention efforts exist, regions reported the need for enhanced services (for example, violence prevention activities in school for ALL grades rather than some grades).

Many participants highlighted the trend toward less prevention activities rather toward increased prevention activities. This trend is a logical outcome of decreased funding available for program who are forced to choose between intervention and prevention programs. In regions where prevention activities do exist they serve a subset of the population in the county in which they are located and for whom transportation is not an issue.

Priority Problem #3:
Need for Enhanced Relationships Between Criminal Justice and Service Providers and An Enhanced Legislative Response to Violence

Two major themes emerged in this priority area. The first theme was the need to enhance relationships. Across the regions, participants reported a need for stronger relationships between service providers and law enforcement and the criminal justice system. Both service providers and law enforcement who participated in the process stressed the lack of needed resources to combat violence. Regions expressed the need for more police to respond to violence, the need for updated training materials to increase knowledge and awareness coupled with time for law enforcement to participate in ongoing training opportunities and the need for new avenues for service providers and law enforcement to collaborate together.

The second theme was the need for new legislation that supports a no tolerance perspective on violence. Generally the regions reported that legislation to prevent violence is inadequate. A secondary concern was the need for more uniform enforcement of current legislation. The perspective that new and innovative legislative efforts are a key component to shifting societal norms to non-acceptance of violence was highlighted.

Priority Problem #4:
Accuracy of Available Data

One unanticipated consequence of this planning process was new knowledge on the state of existing data at the county, region, and state level in Kentucky. By examining existing data from a variety of sources, the SVPPC and the regional partners identified serious concerns regarding the accuracy of existing data as it pertains to our knowledge about violence in Kentucky. In some cases, partners were concerned about the reliability of reporting of violent incidents (for example rape statistics). In other cases data that was identified as important to review to accurately assess violence in the regions was unavailable or difficult to access (for example juvenile justice data).

The importance of accurate and available data on violence cannot be overstated. The ability to understand the extent of the problem of violence in Kentucky is the first step to developing comprehensive programs to prevent it. Underreporting of data can skew our understanding of the level of funding needed to comprehensively prevent violence. In addition, it impacts our understanding of the geographic differences in how regions and counties experience the problem of violence. Lack of this knowledge inhibits our ability to utilize available funding and implement violence prevention activities that match the needs of local communities.

Regional Service Provider Networks

Connecting Service Providers Across Kentucky

Although Kentucky is a relatively homogenous state on a number of dimensions, the way regions network and collaborate with one another is not one of them. In fact, service providers that work with victims and perpetrators of violence from different regions across the state work differently together. In exploring the relationships of networks of violence providers across regions in Kentucky, we found that there are three main "types" of network structures that explain how organizations connect with one another (see Figure 2 for examples of each network type).

Figure 2
Examples of Violence Service Provider Networks in Kentucky

| Type 1 | Type 2 | Type 3 |
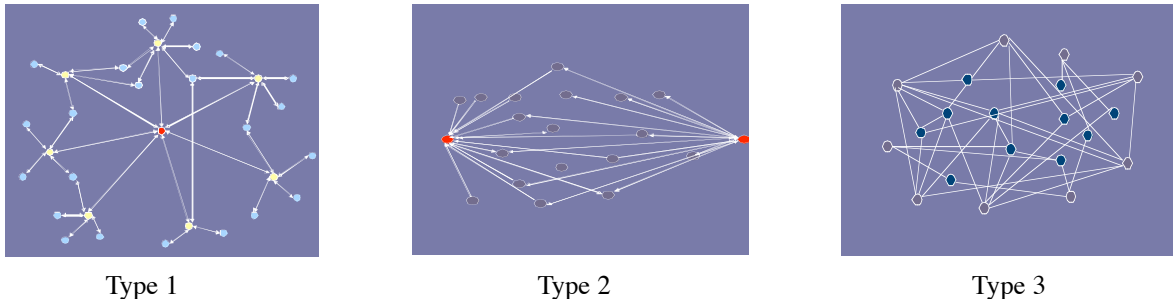
Each network "type" has a different style of using its organizational and relational resources to meet the needs of their communities. Any successful violence prevention effort must recognize these different ways of working together and how regional networks work (or fail to work) together to solve problems. Some regions face greater challenges related to collaboration than others. Because the regional challenges are different, technical assistance and support around building optimal networks that can facilitate violence prevention should be tailored to the type of network involved in change.

Type 1: Loosely Connected Networks

In these networks, the groups of organizations/providers that work on problems associated with violence tend to work largely independently and provide and receive referrals from a unique set of organizations/providers. The network relies on one agency that tends to be the agency that all network members connect through. While this creates an imbalance in needed linkages across the region, it does provide a clear picture as to how to begin connecting organization and clients together. When thinking of planning primary prevention activities, technical assistance around building optimal network structures would be an important component of working in these regions.

Type 2: Networks Linked by Hubs

In networks linked by hubs, organizations tend to connect more often to a small set of organizations/providers that act as hubs to connect the broader set of groups that work together. These hubs can be centralized around an organization type or a geographic area. When thinking of planning primary prevention activities, these hubs can be a natural selection for a beginning point to connect people and organizations to the roll out of primary prevention activities.

Type 3: Fully Connected Networks

In these regions, organizations report many connections to one another. The network of providers working together is not dependent on a set of organizations. These regions would not benefit as much from technical assistance around building integrated relationships. When thinking of planning primary prevention activities, these regions would need to consider how to disperse prevention activities across the entire set of organizations.

How To Use This Plan

In the chapters that follow there is a detailed report on each region's planning activities, assets, deficits, and priorities. Taken together, regional chapters and the statewide synthesis have many potential uses. The vision of the SVPPC is that this document will represent a beginning of a long-term effort to change the way that stakeholders committed to preventing violence work toward that goal. We also recognize that it will take the commitment of state, local, and university partners to address the priorities that have been outlined in this plan. With the vision in mind, the team suggests the following next steps (recognizing that this is by no means a comprehensive list):

Next Steps for Regional Partners:
- Share this plan with local legislators and stakeholders.
- Compare assets and priorities of your regional plan with other regions. This can be a way of identifying natural partners across Kentucky that your region can work together with to develop prevention activities, share expertise, and seek funding.
- Reconvene your planning team to begin discussion about how you can begin to address the priorities your region has identified.
- Include the information in this plan in your program development and grant-writing activities.

Next Steps for SVPPC:
- Meet with legislators and stakeholders to discuss the plan.
- Identify potential violence prevention partnerships.
- Identify statewide prevention program opportunities that will address needed priorities.
- Provide technical assistance to regions to address their regional priorities.

Next Steps for University Partners:
- Develop a plan to address the data needs of regional and statewide partners.
- Review and disseminate evidence based strategies and/or best practices that have the potential of impacting the priorities outlined in the plan.
- Provide technical assistance to the statewide team and regional partners to address statewide and regional priorities.
- Develop mechanisms for enhanced data accessibility and dissemination of strategies designed to address priorities.

BARREN RIVER REGION

BARREN RIVER REGION
VIOLENCE PREVENTION PRIORITIES

About The Region

Demographics

Barren River is comprised of ten counties (Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson, andWarren) on the south-central side of Kentucky, bordering four other Kentucky regions. The population of Barren River totals 261,407 and the majority of its residents, 91.5%, are of Caucasian descent, while 9.5% represent African American and other minority populations. Six out of the region's ten counties possess poverty rates higher than the state average of 15.8%, ranging from 16% to 23.6%, while the remaining four counties possess poverty rates just below the state average[13]. Only Allen County possesses a school drop-out rate (4.1%) that is higher than the state average (3.5%)[14].

Industry and Workforce Information

According to the 2000 Census, 65,922 or 79.2% of males aged 16-64 were participants in the labor force, while 56,033 or 66.3% of females aged 16-64 were participants in the labor force in the Barren River region. Also, the civilian unemployment rate for all persons over 16 years of age was 5.6%. Further, the unemployment rate of high school drop-outs, aged 16 to 19, in Barren River totaled close to 23.6%, which represents the second lowest rate in the state[15]. In Barren River, the greatest number of job openings during the next decade will be food-related, sales, and office administrative occupations[16].

The State of Violence in Barren River

In FY 2003-2004, approximately 34.1% of child investigations referred to the state for allegations of abuse or neglect were substantiated. It should be noted that this figure represents the highest percentage of substantiated cases in any region in the state of Kentucky[17]. With regard to the number of victims of domestic violence, approximately 7% of all women and children living in Kentucky shelters were from the Barren River region[18]. Similarly, regarding the instances of rape and sexual assault, approximately 7% of all unduplicated victims for the state were from Barren River[19]. Further, approximately 6% of the total state-wide cases of adult abuse were from Barren River, while about 5% of the total caseload of caretaker neglect (adult) were also from this region[20]. Finally, approximately 7% of all perpetrators of rape and sexual assault who were treated by Kentucky's community mental health system for mental health and/or substance abuse issues were from Barren River[21].

According to service providers in the Barren River region, the following represent the community's best ASSETS:

- Agencies are already in place and have been working together for over two years through the Coalition to Prevent Child Abuse to better serve potential clients in the Barren River region.
- The Coalition to Prevent Child Abuse has an established history of working on the two priorities for our region. Before the statewide violence prevention effort began, the committee had already identified the "regional priorities" based on evaluations and outcomes that the committee had previously completed and had been working together on addressing these concerns.

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[13] Kentucky State Data Center, 2004. Population figures 2003 Census. Poverty Rate 1999 Census.
[14] Kentucky County Health Profiles, 2001.
[15] US Census Bureau, 2000.
[16] Education Cabinet, 2004.
[17] Kentucky Cabinet for Health and Families, 2004. Data obtained from TWIST dataset.
[18] Kentucky Domestic Violence Association, 2004. Data obtained from aggregate service provider reports.
[19] Kentucky Association of Sexual Assault, 2004. Data obtained from aggregate service provider reports.
[20] Kentucky County Health Profiles, 2001.
[21] Kentucky Department for Mental Health and Mental Retardation, 2004. Data obtained from aggregate service provider reports.

> Within the coalition, there is a variety of expertise and professional focus represented by the different agencies, i.e. child abuse prevention, domestic violence, rape crisis, mental health, substance abuse, family resource centers, law enforcement, and the Department for Community Based Services.

> With the exception of funding, the region has the foundation and agencies in place to carry out significant violence prevention efforts.

> The committee and the agencies represented are committed to ensuring that violence prevention efforts are carried out to the clients and the communities in which they reside.

With regard to areas that need improvement, the consensus among Barren River's victim-service providers is that the following represent the community's largest DEFICITS:

> Insufficient funds and programs at capacity are compromising the ability of service providers to sufficiently address and meet client needs in the region.

> A more comprehensive, inclusive plan must be created that allows for a more uniform approach to meeting these priorities in the region.

> Less involved counties such as Edmonson, Monroe, Hart, Metcalfe, and Butler need to be targeted to increase their professional involvement and input on violence prevention efforts within their counties and the region as a whole.

> Professionals within the legal system and other human service and education professions have a substantial lack of knowledge and skill related to effectively and sensitively working with clients with a history of child abuse and other violence – though they work with these individuals on a daily basis.

> Professionals within the legal system and other human service and education professions have a substantial lack of knowledge related to substance abuse and its growing impact on the residents in our region.

Priorities

As a result of the targeted violence prevention planning process, Barren River determined their two regional priorities to be the following:

> A top priority for the Barren River region is to increase awareness and education regarding child abuse through the development and implementation of a standardized training program that centers on recognizing and reporting child abuse.

This program would focus on the following key concerns: Risk factors contributing to the emotional, physical, and sexual abuse of children; the warning signs and indicators of child abuse; understanding the cycle of abuse; and effectively working with victims of violence and their families. This training will be conducted throughout the Barren River region utilizing "Train the Trainer" sessions. There will be a strong concentration on trainings made available to key populations such as parents, middle school and high school students, educators such as family resource and youth service center workers, students at the college level majoring in social service fields, medical professionals, and professionals working within the legal system.

> A second priority for the Barren River region is to increase opportunities for the assessment and treatment of individuals who use and abuse controlled substances such as methamphetamines, pain killers, cocaine, etc.

Action must be taken to better equip agencies who work with substance abusers in their programs. Agencies need better education on indicators and risk factors of substance abusers and how they should then target their efforts to work more effectively with these clients.

Process:

It was decided by those present at the Statewide Violence Prevention Council meeting in Lexington, on August 31, 2005, that the Coalition to Prevent Child Abuse would be a great committee for the violence prevention priorities to be determined for our region. This committee already had solid meeting dates and the members represented agencies that reach clients in all 10 counties of the Barren River Area Development District. The next committee meeting was held on September 19, 2005, and at this meeting, the statewide violence prevention data and the request to commit to this project were presented before the committee. After some discussion, the

committee decided they would facilitate the statewide violence prevention effort. The group requested and received copies of the data to be discussed at the next meeting.

On October 17, 2005, a discussion of the data ensued, and a great deal of the discussion focused on possible reasons behind why the Barren River region was first with the highest percentage of substantiated cases of abuse/neglect compared to numbers reported. The committee discussed education, training, child abuse, substance abuse, domestic violence and its impact on children, and the legal system as possible priorities. On November 12, 2005, the committee members completed a survey to select the top two choices for the violence prevention effort. It was decided that David Rupsch would email the entire group after the meeting to tally their top choices. Rupsch then emailed additional surveys to group members. After the voting, it was determined that the group would focus on the aforementioned priorities. These were then reported to the group. In a meeting held on May 22, 2006, the group reviewed the violence prevention information and made requested changes that were sought by the Statewide Strategic Planning Committee. These changes were made and emailed to Fran Morris Mandel on May 30, 2006.

Coordinated by Nickie Jones, Director of Operations, Family Enrichment Center, the following individuals also participated in the Barren River region violence prevention planning process:

- Lisa Hayes, Therapist, LifeSkills (community mental health center)
- David Rupsch, Program Coordinator, Family Enrichment Center
- Jennifer Bryant, Director of Development, Family Enrichment Center
- Leyda Becker, Director of Community Education, Hope Harbor (rape crisis center)
- Eric Gregory, LifeSkills (community mental health center)
- Linda Krutza, Family Resource Youth Service Center Director, Bowling Green Junior High School
- Ernie Small, Board Member, Family Enrichment Center
- Kim Wilson, Warren County Intake and Investigation, Protection and Permanancy, Department for Community-Based Services
- Paula Miles, Bachelors of Social Work Intern, Department for Community Based Services
- Susan Tabor, Family Resource Youth Service Center worker, Warren County Schools
- Nickie Jones, Director of Operations, Family Enrichment Center
- Carol Stephens, Masters of Social Work Intern, Family Enrichment Center
- Shana Elkin, Director of Operations, Hope Harbor (rape crisis center)
- Patty Alford, Executive Director, Girls Inc.
- Dawn Long, Executive Director, Barren River Area Child Advocacy Center
- Fontayne Bryant, Child Advocate, Barren River Area Safe Space (domestic violence program)
- Crystal Bohlander, Court-Designated Worker
- Leslie Birdwhistell, Court Appointed Special Advocates

BIG SANDY REGION

BIG SANDY REGION
VIOLENCE PREVENTION PRIORITIES

About The Region

Demographics

Big Sandy is comprised of five counties (Floyd, Johnson, Magoffin, Martin, and Pike) on the eastern side of Kentucky, bordering the states of West Virginia and Virginia. The population totals 159,269 and is primarily Caucasian. With regard to residents living below poverty levels, this region is one of the poorest. Two counties in particular, Martin and Magoffin, have poverty rates which are nearly twice as high as the statewide average[22]. Over 30% percent of Big Sandy's children live below poverty level, as compared to the statewide average of 15.8%[23].

Industry and Workforce Information

According to the 2000 Census, 29,616 or 56% of males aged 16-64 were participants in the labor force, while 24,595 or 45.2% of females aged 16-64 were participants in the labor force in the Big Sandy region. Also, the civilian unemployment rate for all persons over 16 years of age was 9.7%. Nearly 45% of high school drop-outs were unemployed, one of the highest rates in the state for this age group[24]. The greatest number of job openings in Big Sandy over the next decade will likely be in the areas of healthcare, office administration, and sales[25].

The State of Violence in Big Sandy

Approximately 24% of child investigations by the Cabinet For Health and Families Services in FY 2003-2004 resulted in substantiation. Slightly more than 3% of all Kentucky women and children who obtained emergency shelter due to domestic violence reported their residence as being in Big Sandy. Regarding statewide instances of rape and sexual assault, over 6% of all unduplicated victims were from Big Sandy[26]. Of the total statewide cases of adult abuse, 2.6% were from Big Sandy, while 4.6% of caretaker neglect cases were also from this region[27]. Finally, 3.1% of all rape and sexual assault perpetrators who sought services from a community mental health center for mental health and/or substance abuse issues were from Big Sandy[28].

Organizational Relationships

A social network analysis of referral patterns across service providers in the region who work with persons at risk of violence or victims of violence was conducted to examine their organizational network. In this region, the organizational network can be described as "fully connected." Figure 1 shows a representation of a fully connected network.

Figure 1
Fully Connected Network

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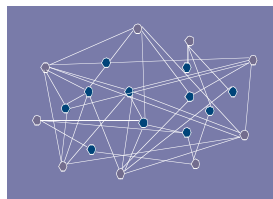
[22] Kentucky State Data Center, 2004. Population figures 2003 Census. Poverty Rate 1999 Census.
[23] Kentucky County Health Profiles, 2001.
[24] US Census Bureau, 2000.
[25] Education Cabinet, 2004.
[26] Kentucky Association of Sexual Assault Programs, 2004. Data obtained from aggregate service provider reports.
[27] Kentucky County Health Profiles, 2001.
[28] Kentucky Department for Mental Health and Mental Retardation, 2004. Data obtained from aggregate service provider reports.

In a region with a fully connected network, organizations report many connections to one another. The network of providers working together is not dependent on a single or small set of organizations. The tightly established relationships between organizations can be viewed as an asset from which to build on in the community. The challenge for this region is to develop primary prevention activities that are inclusive of the many organizations that are working together on a regular basis.

According to service providers in Big Sandy, the following represent the community's best ASSETS:

- Community programs/services
- The Family Court system
- Increased and expanded community efforts to identify and address substance abuse and its impact on violence
- Coalitions and partnerships
- Prevention efforts that target pre school-aged children

With regard to areas that need improvement, the consensus among Big Sandy victim-service providers is that the following represent the community's largest DEFICITS:

- Collaborations between service providers, law enforcement, and judicial/legal professionals need to be strengthened through mandated training and participation in community councils and advisory boards which address violence prevention
- Expand efforts to address attitudes and assumptions that perpetuate violence
- More professionals are needed to expand prevention work
- Inadequate enforcement of existing laws designed to protect victims
- The need for long term substance abuse treatment exceeds the region's capacity to provide the level of needed services through existing programs

Priorities

As a result of the targeted violence prevention planning process, Big Sandy determined the following three regional priorities.

- Funding to provide prevention training to communities across the Big Sandy region
- Participate in a statewide violence prevention campaign
- To enhance enforcement of existing laws against violence.

Process:

Each meeting brought together many professionals from different sectors of the community. After discussing the merits and flaws in national and state data, participants focused on identifying assets and deficits within Big Sandy. Meeting participants agreed on their regional priorities, as stated above. Big Sandy is willing to become a pilot site for a violence prevention program.

The Big Sandy meetings were coordinated by Margaret Banks, Program Director, Victim Services Program, Mountain Comprehensive Care Center. The following individuals participated in Big Sandy's regional violence prevention planning process:

- Ty Back, Magoffin County 4-H Agent
- Tammy Cramer, Administrative Assistant, Victim Services Program, Mountain Comprehensive Care Center
- Kim Castle, Community Health Educator, Our Lady of the Way Hospital
- Leonard Cieslak, Social Service Specialist, Department for Community Based Services
- Cindy Crase, Big Sandy Family Abuse Shelter
- Bertha Daniels, Low Income Housing Coalition of East Kentucky, Inc.
- Donna Frazier, Director, Area Agency on Aging, Big Sandy Area Development District
- Robin Gray, Clinical Director, Victim Services Program, Mountain Comprehensive Care Center

- Gwen Hall, Certified Social Worker, Catholic Social Service Bureau
- Lisa Hamilton, Outreach Education Coordinator, Victim Services Program, Mountain Comprehensive Care Center
- Melvin Hamilton, Jr.,Volunteer Medical Advocate, Victim Services Program
- Mary Hereford, Field Service Supervisor, Department for Family Support
- Susan Howard, Service Region Administrator Department for Community Based Services
- Roger Johnson, Director of Pupil Personnel, Pike County Board of Education
- Steve Jones, Long Term Ombudsperson, Big Sandy Area Development District
- Jennifer Knight, Assessment Specialist, Targeted Assessment Program, Pike Co.
- Laura Kretzer, Executive Director, Big Sandy Area Child Advocacy Center
- Kathy Lafferty, Victim Advocate, Floyd County Commonwealth Attorney Office
- Connie Little, Program Director, Big Sandy Family Abuse Shelter
- Joyce Lucas, Victim Advocate, Pike County Commonwealth Attorney Office
- Stacye McQueen, Assessment Specialist, University of Kentucky Targeted Assessment Program, Floyd County
- Adam O'Bryan, Victim Advocate, Johnson/Martin Commonwealth Attorney Office
- Andrew Skaggs, Information Technology Staff, Mountain Comprehensive Care Center
- Linda Spurlock, Volunteer Coordinator/Advocate, Victim Services Program, Mountain Comprehensive Care Center
- Shawna VanHoose, Community Development Assistant, Highlands Regional Medical Center
- Ron Webb, Social Service Specialist, Department for Community Based Services
- Zella Wells, Assistant Superintendent, Johnson County Board of Education
- Mitchell Williamson, Chief of Police, Inez City Police

BLUEGRASS REGION

BLUEGRASS REGION
VIOLENCE PREVENTION PRIORITIES

About the Region

Demographics

The Bluegrass region of Kentucky is comprised of seventeen counties (Anderson, Bourbon, Boyle, Clark, Estill, Fayette, Franklin, Garrard, Harrison, Jessamine, Lincoln, Madison, Mercer, Nicholas, Powell, Scott, and Woodford) in the north-central area of the state, surrounded by eight other regions. The unique feature of the Bluegrass region is that it is comprised of an urban center, Fayette County, with sixteen rural counties surrounding Fayette. The population of Bluegrass totals 708,259 and the majority of its residents, 88.5%, are of Caucasian descent, while 11.5% represent African American and other minority populations[29]. Due to the large size and complexity of this region, it is hard to generalize about the quality of life for Bluegrass residents overall. However, there are significant differences among counties with regard to poverty and school drop out rates. For example, while the majority of counties within Bluegrass possess lower rates of poverty than the state average of 15.8%, five of its counties possess rates of poverty that are equal to or much higher than this average, ranging from 15% to 26%[30]. Further, the majority of counties in the Bluegrass region possess school drop-out rates that are equal to or well above the state's average of 3.5%. Lincoln County's drop-out rate is 6.7% and ranks 3rd for the highest school drop-out rate in the state[31].

Industry and Workforce Information

According to the 2000 Census, 184,511 or 79.4% of males aged 16-64 were participants in the labor force, while 164,886 or 69.8% of females aged 16-64 were participants in the labor force in the Bluegrass region. Also, the civilian unemployment rate for all persons over 16 years of age was 5.0%. Further, the percentage of high school drop-outs, aged 16 to 19, not working in Bluegrass totaled 24.8%, lower than the 30.7% rate for the state[32]. In Bluegrass, the greatest number of job openings during the next decade will come from office administrative, production, and food related occupations[33].

The State of Violence in the Bluegrass

In FY 2003-2004, approximately 17.7% of child investigations in the rural Bluegrass region referred to the state for allegations of abuse or neglect, were substantiated. Further, 20.6% of child investigations in Fayette County referred to the state for allegations of abuse or neglect, were substantiated[34]. With regard to the number of victims of domestic violence, almost 9% of all women and children living in Kentucky shelters were from the Bluegrass region[35]. Regarding the instances of rape and sexual assault, approx. 11% of all unduplicated victims for the state were from Bluegrass[36]. Further, approximately 18.3% of the total state-wide cases of adult abuse were from Bluegrass, while 16.1% of the total caseload of caretaker neglect (adult) were also from this region[37]. Finally, 27% of all perpetrators of rape and sexual assault who were treated by Kentucky's mental health system for mental health and/or substance abuse issues were from Bluegrass[38].

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[29] Kentucky State Data Center, 2004. Population figures 2003 Census. Poverty Rate 1999 Census.
[30] US Census Bureau, 1999.
[31] Kentucky County Health Profiles, 2001.
[32] US Census Bureau, 2000.
[33] Education Cabinet, 2004.
[34] Kentucky Cabinet for Health and Families, 2004. Data obtained from TWIST dataset.
[35] Kentucky Domestic Violence Association, 2004. Data obtained from aggregate service provider reports.
[36] Kentucky Association of Sexual Assault Programs, 2004. Data obtained from aggregate service provider reports.
[37] Kentucky County Health Profiles, 2001.
[38] Kentucky Department for Mental Health and Mental Retardation, 2004. Data obtained from aggregate service provider reports.

Organizational Relationships

A social network analysis of referral patterns across service providers in the region who work with persons at risk of violence or victims of violence was conducted to examine their organizational network. In this region, the organizational network can be described as a "hub" network.

Figure 1
Organizational Network Linked by Hubs
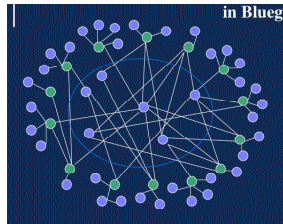
In a region with an organizational network linked by hubs, organizations tend to connect more often to a small set of organizations/providers that act as hubs to connect the broader set of groups that work together. These hubs can be centralized around an organization type or a geographic area. When thinking of planning primary prevention activities, these hubs can be a natural selection for a beginning point to connect people and organizations to the roll out of primary prevention activities. In the Bluegrass region, the pattern of referrals reported suggests the "hub' is geographic with regional partners depending on organizations that are centrally located in Lexington as the urban center of the region.

According to service providers in Bluegrass, the following represent the community's best ASSETS:

- Numerous existing community agencies
- Good public transportation in some areas
- The presence of a shelter in Fayette County (some rural community members cite lack of LOCAL shelter as a problem)

With regard to areas that need improvement, the consensus among the Bluegrass region's victim-service providers is that the following represent the community's largest DEFICITS:

- Spanish language proficiency is needed throughout the community. A small number of service providers may be bilingual but other necessary services (public transportation, school system, county clerk office, court system, child care providers) often lack skills to communicate effectively with the growing Spanish-speaking population. This can result in some existing services being unavailable to this population.
- Some crime victims do not know what services exist in their community and how to access those services.
- A lack of safe and affordable housing may inhibit some crime victims (particulary domestic violence and sexual assault victims) from leaving violent situations.
- Victims must wait for long periods of time to receive mental health treatment--even if victims have received crisis services, they may have to wait for ongoing mental health services.
- Money is needed across the board for agencies to keep existing services and/or to expand to meet community needs for services. Additionally, without adequate funding, agencies risk losing trained and seasoned staff to higher paying, private sector jobs. Agencies expressed that they often have highly committed staff but are unable to afford raises, competative salaries, etc. to keep them. Much concern was expressed regarding the working poor and agencies shared examples of highly educated staff members having to seek government financial assistance to survive when their salaries were not adequate.

As a result of the targeted violence prevention planning process, Bluegrass determined their three regional priorities to be:

Lexington/urban group:
- Increased funding to increase services and keep qualified staff
- Increase community language proficiency (Spanish)
- Strengthen community mental health system (more appointments, increase areas of expertise)

Rural group:
- Provide more information to community regarding services available
- Safe and affordable housing
- Strengthen community mental health system

Process:

The process of this project was a challenge for this group. We met the requested number of times during fall/winter 2005. It was difficult for some members to attend all meetings but we maintained communication through email. We had difficulty accessing and utilizing local data. We experienced difficulty organizing smaller prevention planning meetings in the rural areas of the Bluegrass region, therefore we developed a very basic survey that was administered by the Bluegrass Rape Crisis Center staff throughout the service area. Through this outreach effort, we were able to get feedback from about 45 service providers in the entire Bluegrass region.

Early in the process, Eileen O'Malley from the Center for Women, Children and Families contacted United Way of the Bluegrass regarding a needs assessment they had conducted in 1998. We utilized this as a way to jump start discussion among the Lexington group and found that many of the community needs were the same. Through the group meetings and the surveys, there was a consistent consensus regarding the issues facing the area. Although some other needs were mentioned, those detailed above were clearly priorities for the groups. We had less discussion regarding assets than we did regarding gaps and priorities. As a group, we saw the importance in gathering this information to strengthen our response to crime victims. Although there were some difficulties in the process of the project, we hope that this information helps illuminate the needs of crime victims in our region.

Coordinated by Rhonda Henry of the Bluegrass Rape Crisis Center, the following individuals also participated in the Bluegrass regional violence prevention planning process:
- Diane Lawless, Bluegrass Rape Crisis Center
- Eileen O'Mally, Executive Direcor, Center for Women, Children and Families
- Sara Hicks, Victims of Crime Act Counselor, Center for Women, Children and Families
- Leeann Gabbard, Family Resource and Youth Service Center
- Kelly Roberts, Children's Advocacy Center
- Chris Whitsell, Bluegrass Mental Health Mental Retardation, Garrard County
- Maryann Mckenzie, Family Resource and Youth Service Center
- Kelly Harris, The Ruby Bailey Family Services Center
- Linda Lancaster, State Department for Public Health
- Darlene Thomas, Bluegrass Domestic Violence Program

BUFFALO TRACE REGION

BUFFALO TRACE REGION
VIOLENCE PREVENTION PRIORITIES

About the Region

Demographics

Buffalo Trace is comprised of five counties (Bracken, Fleming, Lewis, Mason, and Robertson) on the north central area of Kentucky, bordering four other Kentucky regions to the south, east and west, and bordering the state of Ohio to the north. The population of Buffalo Trace totals 159,269 and the majority of its residents, 96%, are of Caucasian descent. Buffalo Trace fares poorly with regard to the percentage of individuals living below the poverty level. Four out of the five counties possess rates of poverty above the 15.8% rate for the state, while two of Buffalo Trace's five counties, Robertson and Lewis, possess rates of poverty above 20%. Not surprisingly, the rate of poverty for Buffalo Trace's children at 24.5% is higher than the 20% rate for the state[39].

Industry and Workforce Information

According to the 2000 Census, 13,376 or 75.8% of males aged 16-64 were participants in the labor force, while 10,884 or 61.3% of females aged 16-64 were participants in the labor force in the Buffalo Trace region. Also, the civilian unemployment rate for all persons over 16 years of age was 7.0%. Further, the unemployment rate of high school dropouts, aged 16 to 19, in Buffalo Trace totaled 22.4%, representing the lowest rate in the state[40]. In Buffalo Trace, the greatest number of job openings during the next decade will come from food-related occupations, production, and sales related occupations[41].

The State of Violence in Buffalo Trace

In FY 2003-2004, over 21.1% of the total number of reports to CPS for child maltreatment were from Buffalo Trace and Gateway combined, though significantly fewer reports were actually substantiated[42]. With regard to the number of victims of domestic violence, a little more than 4% of all women and children living in Kentucky shelters were from the Buffalo Trace and Northern Kentucky regions[43]. Regarding the instances of rape and sexual assault, approx. 10.5% of all unduplicated victims for the state were from Buffalo Trace and Northern Kentucky[44]. Further, 2.1% of the total state-wide cases of adult abuse were from Buffalo Trace, and less than 1% of the total caseload of caretaker neglect (adult) was also from this region[45]. Finally, 1.4% of all perpetrators of rape and sexual assault who were treated by Kentucky's mental health system for mental health and/or substance abuse issues were from Buffalo Trace[46].

Organizational Relationships

A social network analysis of referral patterns across service providers in the region who work with persons at risk of violence or victims of violence was conducted to examine their organizational network. In this region, the organizational network can be described as a "hub" network.

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[39] Kentucky State Data Center, 2004. Population figures 2003 Census. Poverty Rate 1999 Census.
[40] US Census Bureau, 2000.
[41] Education Cabinet, 2004.
[42] Kentucky Cabinet for Health and Families, 2004. Data obtained from TWIST dataset.
[43] Kentucky Domestic Violence Association, 2004. Data obtained from aggregate service provider reports.
[44] Kentucky Association of Sexual Assault Programs, 2004. Data obtained from aggregate service provider reports.
[45] Kentucky County Health Profiles, 2001.
[46] Kentucky Department for Mental Health and Mental Retardation, 2004. Data obtained from aggregate service provider reports.

Figure 1
Organizational Network Linked by Hubs
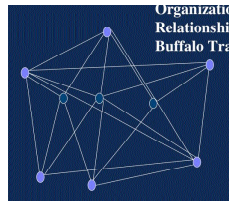
In a region with an organizational network linked by hubs, organizations tend to connect more often to a small set of organizations/providers that act as hubs then connect to the broader set of groups that work together. These hubs can be centralized around an organization type or a geographic area. When thinking of planning primary prevention activities, these hubs can be a natural selection for a beginning point to connect people and organizations for the roll out of primary prevention activities. In Buffalo Trace, the pattern of referrals reported suggests that there are several hubs. These hub agencies included Comprehend, Licking Valley, the Women's Crisis Center, DCBS, and Buffalo Trace Children's Advocacy Center.

According to service providers in Buffalo Trace, the following represent the community's best ASSETS:

➤ Collaborative efforts between organizations
➤ Strong networking between organizations
➤ Prevention/educational efforts by varied segments of the community
➤ As a community we have a philosophy of care and support of one another-we work together for the benefit of the community

With regard to areas that need improvement, the consensus among Buffalo Trace victim-service providers is that the following represent the community's largest DEFICITS:

➤ Limited economic resources across the region
➤ Local data needs to be checked against state data by all agencies in order to check for accuracy
➤ Public acceptance of violence-common belief that violence is an accepted way of life
➤ Lack of parental involvement in the lives of children as well as participation in community or agency sponsored events
➤ Lack of support services for victims after the crisis-we need to develop ongoing services that support long-term change

As a result of the targeted violence prevention planning process, Buffalo Trace determined their four regional priorities to be:

➤ Clear and consistent message from everyone - no tolerance for violence
➤ To clean up data that will accurately portray the region's numbers. Locally generated statistics indicate higher rates across all areas compared to the state statistics
➤ Develop a healthy community initiative that focuses the region on postive youth development and healthy families/healthy communities/healthy kids
➤ Work to stop the decrease of government dollars that are funding current programs

Our region has a long history of effective collaboration, creativity and commitment to the improvement of our citizenry. Agency representatives met twice to develop the formal region-wide meeting agenda, content and guest list. Together we worked at bringing to the meeting the community representative who could provide insight into our regions needs, strengths and priorities. Over 40 people attended our regional meeting including a County Judge Executive, Sheriff, State Representative, Attorney General Representative, and representatives from 4 of the 5 counties in our region. The meeting was successful in identifying themes of successes and failures. We identified the work we need to continue as well as areas in which to improve. Collectively, we realized one of the significant problems we face is statistical/data incongruity with official state numbers. Locally, we recognize a much larger need of our citizenry than what the official state statistics highlight. Our needs call for new grants and dollars, to continue our current programs, and provide additional vital services. Slow erosion of services due to small and large cuts in programs through elimination or reduction is affecting the current delivery of services in the region. Every dollar is stretched and budgets of the local agencies and programs are at a funding crisis. Preserve what we have, provide vital services for the prevention of violence, and focus on positive community initiatives, is our overall goal. Our region has benefited from this experience.

Coordinated by Kay Doughman, Regional Coordinator, Comprehend designated Child Sexual Abuse Treatment Coordinator, the following individuals also participated in Buffalo Trace's regional violence prevention planning process:

- Goldie Williams, Director of Children's Services, Comprehend Inc. (community mental health center)
- Chief Kent Butcher, Chief of Police, City of Maysville
- Shari Stafford, Director, Women's Crisis Center (domestic violence and rape crisis program)
- Cheryl Love, Executive Director, Children's Advocacy Center
- Patti Johnson, Supervisor, Bracken and Robertson County Cabinet for Health and Families Services
- Traci Stafford, Supervisor, Mason County Cabinet for Health and Family Services
- Brie Bickley, Executive Director of Court Appointed Special Advocates in Mason, Fleming and Bracken Counties

CUMBERLAND VALLEY REGION

CUMBERLAND VALLEY REGION
VIOLENCE PREVENTION PRIORITIES

About the Region

Demographics

Cumberland Valley is comprised of eight counties (Bell, Clay, Harlan, Jackson, Knox, Laurel, Rockcastle, and Whitley) on the south east end of Kentucky, between the Lake Cumberland region (west) and the Kentucky River region (east). Cumberland Valley's population totals 241,090 and the majority of its residents, 97.1%, are of Caucasian descent. Cumberland Valley fares among the poorest in the state with regard to the percentage of individuals living below the poverty level. Five counties, namely, Jackson, Bell, Harlan, Knox and Clay, possess rates of poverty totaling 30% or higher, which represents a figure more than twice the rate of poverty for all of Kentucky. Not surprisingly, the rate of poverty for Cumberland Valley's children is at least 10% higher than the overall rate for the state[47].

Industry and Workforce Information

According to the 2000 Census, 45,917 or 59.6% of males aged 16-64 were participants in the labor force, while 39,754 or 50.8% of females aged 16-64 were participants in the labor force in the Cumberland Valley region. Also, the civilian unemployment rate for all persons over 16 years of age was 8.4%. Further, the unemployment rate of high school dropouts, aged 16 to 19, in Cumberland Valley totaled close to 36.5%, a figure above the 30% rate for the state[48]. In Cumberland Valley, the greatest number of job openings during the next decade will come from sales, office administrative occupations, and food-related occupations[49].

The State of Violence in Cumberland Valley

In FY 2003-2004, approximately 29.2% of child investigations referred to the state for allegations of abuse or neglect, were substantiated[50]. With regard to the number of victims of domestic violence, 5% of all women and children living in Kentucky shelters were from the Cumberland Valley region[51]. Regarding the instances of rape and sexual assault, 7% of all unduplicated victims for the state were from Cumberland Valley[52]. Further, 5.8% of the total state-wide cases of adult abuse were from Cumberland Valley, while approx. 5.5% of the total caseload of caretaker neglect (adult) were also from this region[53]. Finally, 4.4% of all perpetrators of rape and sexual assault who were treated by Kentucky's mental health system for mental health and/or substance abuse issues were from Cumberland Valley[54].

According to service providers in Cumberland Valley, the following represent the community's best ASSETS:

- In general, we have great relationships among agencies/great networking
- Our Family Resource and Youth Service Centers are avidly and successfully serving many needy families
- We have a local victim's crime compensation fund which serves entire state of Kentucky
- We have excellent victim advocates that serve the victims in this region
- We have a high functioning children's advocacy center that constantly serves the needs of abused children and their families

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[47] Kentucky State Data Center, 2004. Population figures 2003 Census. Poverty Rate 1999 Census.
[48] US Census Bureau, 2000.
[49] Education Cabinet, 2004.
[50] Kentucky Cabinet for Health and Families, 2004. Data obtained from TWIST dataset.
[51] Kentucky Domestic Violence Association, 2004. Data obtained from aggregate service provider reports.
[52] Kentucky Association of Sexual Assault Programs, 2004. Data obtained from aggregate service provider reports.
[53] Kentucky County Health Profiles, 2001.
[54] Kentucky Department for Mental Health and Mental Retardation, 2004. Data obtained from aggregate service provider reports.

With regard to areas that need improvement, the consensus among Cumberland Valley victim-service providers is that the following represent the community's largest DEFICITS:

- Poor public transportation systems
- Medicaid cut-backs that are preventing many from receiving needed services, i.e. dentistry due to low reimbursement rate
- Lack of prevention education materials and providers
- Lack of trainings for professionals due to low funding
- Little education of law enforcement and judicial staff regarding child abuse, domestic violence, and sexual assault

As a result of the targeted violence prevention planning process, Cumberland Valley determined their three regional priorities to be:

- Increased funding for services to victims of violence to allow for the increasing duties and expectations.
- Increased DV, child abuse, and rape education in schools for both students and faculty
- A great need for another domestic violence shelter for this region

Process

Although our regional planning committee may be small in number, it has grown with each meeting. From only 3 members present at the first statewide meeting, we now boast 15 members on our regional violence planning committee. Each member has been very active and has provided great insight into the process of identifying both assets and gaps that need to be addressed in order to better serve this population within this region. Perhaps surprisingly, it was not difficult for this committee to identify the 3 main priorities for this region. It appears that we have all been experiencing difficulties in the same areas, which gives the impression that these are areas of concern within the entire region. It is our goal to assist with making any needed changes within this region to better serve this population.

Coordinated by Stephanie Barton, Mental Health Outpatient Therapist of the Cumberland Valley Children's Advocacy Center, the following individuals also participated in Cumberland Valley's regional violence prevention planning process:

- Paige Lay, Executive Director, Cumberland Valley Children's Advocacy Center
- Robin Lefevers, Family Advocate, Cumberland Valley Children's Advocacy Center
- Betty Jordan, former Executive Director, Rape Crisis Program, Cumberland River Comprehensive Care Center
- Maxine Reid, Director, Family Resource and Youth Service Centers
- Cindy Christiansen, Protection and Permanancy, Department for Community Based Services
- Detective Stacy Anderkin, Kentucky State Police
- Cecelia White, Designated Child Sexual Abuse Treatment Coordinator, Cumberland River Comprehensive Care Center
- Lisa Phillips, Executive Director, Rape Cumberland River Comprehensive Care Center Crisis Program
- Lois Faulkner, Community Liaison and VOCA Administrator, Cumberland River Comprehensive Care Center
- Joanne Roper, Cumberland Valley District Health Department, Bell County
- Debby Howard, Family Resource and Youth Service Center, Harlan County
- Gina Bennett, Victim Advocate, Commonwealth Attorney's Office, Knox County
- Dennie Mills, Victim Advocate, Commonwealth Attorney's Office, Laurel County
- Regina Hull-Brown, Family Resource and Youth Service Center, Mt. Vernon

FIVCO REGION

FIVCO REGION
VIOLENCE PREVENTION PRIORITIES

About the Region

Demographics

FIVCO is comprised of five counties (Boyd, Carter, Elliott, Greenup, and Lawrence) on the north-eastern side of Kentucky, bordering the state of West Virginia. The population of FIVCO totals 136,480 and the majority of its residents, 97.6%, are of Caucasian descent, while only 2.4% represent African American or other minority populations. FIVCO fares among the poorest in the state with regard to the percentage of individuals living below the poverty level. Three counties, Carter, Elliott and Lawrence, possess rates of poverty totaling 22% or higher, figures well above the 15.8% overall rate of poverty for the state. Not surprisingly, the rate of poverty for FIVCO's children at 24.8% represents a figure that is higher than the overall rate for the state at 20.2%[55].

Industry and Workforce Information

According to the 2000 Census, 30,135 or 68.5% of males aged 16-64 were participants in the labor force, while 24,752 or 55.4% of females aged 16-64 were participants in the labor force in the FIVCO region. Also, the civilian unemployment rate for all persons over 16 years of age was 8.5%. Further, the unemployment rate of high school drop-outs, aged 16 to 19, in FIVCO totaled 40.5%, slightly higher than the 30.7% rate for the state[56]. In FIVCO, the greatest number of job openings during the next decade will come from sales, food preparation and serving, and office administrative occupations[57].

The State of Violence in FIVCO

In FY 2003-2004, approximately 22.7% of child investigations referred to the state for allegations of abuse or neglect, were substantiated[58]. With regard to the number of victims of domestic violence, almost 7% of all women and children living in Kentucky shelters were in the FIVCO region[59]. Regarding the instances of rape and sexual assault, approx. 3% of all unduplicated victims for the state were from FIVCO[60]. Further, 1.1% of the total state-wide cases of adult abuse were from FIVCO, while 5.3% of the total caseload of caretaker neglect (adult) were also from this region[61]. Finally, almost 4% of all perpetrators of rape and sexual assault who were treated by Kentucky's mental health system for mental health and/or substance abuse issues were from FIVCO[62].

According to service providers in FIVCO, the following represent the community's best ASSETS:

- Sexual assault/rape crisis programs
- Child advocacy centers
- Domestic violence shelter
- Cooperative law enforcement agencies/local government
- Diversity of services offered

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[55] Kentucky State Data Center, 2004. Population figures 2003 Census. Poverty Rate 1999 Census.
[56] US Census Bureau, 2000.
[57] Education Cabinet, 2004.
[58] Kentucky Cabinet for Health and Families, 2004. Data obtained from TWIST dataset.
[59] Kentucky Domestic Violence Association, 2004. Data obtained from aggregate service provider reports.
[60] Kentucky Association of Sexual Assault Programs, 2004. Data obtained from aggregate service provider reports.
[61] Kentucky County Health Profiles, 2001.
[62] Kentucky Department for Mental Health and Mental Retardation, 2004. Data obtained from aggregate service provider reports.

With regard to areas that need improvement, the consensus among FIVCO's victim-service providers is that the following represent the community's largest DEFICITS:

- Lack of funding for programs
- Lack of long-term alcohol/drug treatment center
- Poor access to transportation
- Lack of affordable housing
- Lack of evaluation of service outcomes

As a result of the targeted violence prevention planning process, FIVCO determined their three regional priorities to be:

- Educational programs for schools
- Educational programs for hospitals/doctors
- Educational programs for church communities

Process:

During Safe Harbor's monthly domestic violence task force meetings in Boyd and Elliott counties, strategic planning for violence prevention was discussed. Participants from a variety of professions and backgrounds were given the opportunity to voice their opinion about areas of concern. In both counties, education was viewed as the top priority.

In Boyd County, cooperation among all of the social service providers, as well as the availibility of a wide variety of services were viewed as the top assets. Elliott County viewed its family court system, school system, and family resource centers among its best assets. Both counties agreed that lack of adequate funding is an obstacle to providing prevention services, followed by transportation, and housing barriers.

Coordinated by Ann Perkins, Executive Director of Safe Harbor, the following individuals also participated in FIVCO's regional violence prevention planning process:

- Gerald Reams, District Judge
- George Davis, District Judge
- Don Petrella, Captain, Ashland Police Department
- Carol Polley, CASA Director
- Tiffany Haney, Pathways Counselor
- Willard Nolen, Ashland Police Chaplain
- Ruth Boggs, Safe Harbor Victim Advocate
- Krista Dulaney, Hopes Place Victim Advocate
- Laura Jenkins, Elliott County Deputy Clerk
- Rebecca Oney, Elliott County Family Court Clerk

GATEWAY REGION

GATEWAY REGION
VIOLENCE PREVENTION PRIORITIES

About the Region

Demographics

Gateway is comprised of five counties on the eastern side of Kentucky (Bath, Menifee, Montgomery, Morgan, and Rowen), bordering the following Area Development Districts: Buffalo Trace to the north; FIVCO to the east; Kentucky River to the south; and Bluegrass to the west. The population of Gateway totals 78,241 and the majority of its residents, 93.3%, are of Caucasian descent, while only 4.2% represent African American or other minority populations[63]. Four out of five Gateway counties possess rates of poverty of 21-29%, rates well above the average for the state at 15.8%[64]. The drop-out rate for the Gateway region is XX, which is higher than the state average of 3.5%[65].

Industry and Workforce Information

According to the 2000 Census, 17,108 or 65.0% of males aged 16-64 were participants in the labor force, while 15,066 or 59.3% of females aged 16-64 were participants in the labor force in the Gateway region. Also, the civilian unemployment rate for all persons over 16 years of age was 7.3%. Further, the unemployment of high school drop-outs, aged 16 to 19, in Gateway totaled 44.6%, significantly higher than the 30.7% rate for the state[66]. In the Gateway region, the greatest number of job openings during the next decade will come from food preparation and serving, production occupations, and sales and related occupations[67].

The State of Violence in Gateway

In FY 2003-2004, approximately 21.1% of child investigations referred to the state for allegations of abuse or neglect, in Gateway and Buffalo Trace combined, were substantiated[68]. With regard to the number of victims of domestic violence, almost 3.6% of all women and children living in Kentucky shelters were in the Gateway region[69]. Regarding the instances of rape and sexual assault, approx. 4.1% of all unduplicated victims for the state were from the Gateway and FIVCO regions combined[70]. Further, 3.4% of the total state-wide cases of adult abuse were from Gateway, while 1.5% of the total caseload of caretaker neglect (adult) were also from this region[71]. Finally, 5.6% of all perpetrators of rape and sexual assault who were treated by Kentucky's mental health system for mental health and/or substance abuse issues were from the Gateway and FIVCO regions combined[72].

Organizational Relationships

A social network analysis of referral patterns across service providers in the region who work with persons at risk of violence or victims of violence was conducted to examine their organizational network. In this region, the organizational network can be described as a "loosely connected" network. Figure 1 shows a representation of a "loosely connected" network.

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[63] Kentucky State Data Center, 2004. Population figures 2003 Census. Poverty Rate 1999 Census., 2004.
[64] US Census Bureau, 2000.
[65] Kentucky County Health Profiles, 2001.
[66] US Census Bureau, 2000.
[67] Education Cabinet, 2004.
[68] Kentucky County Health Profiles, 2001.
[69] Kentucky Cabinet for Health and Families, 2004. Data obtained from TWIST dataset.
[70] Kentucky Domestic Violence Association, 2004. Data obtained from aggregate service provider reports.
[71] Kentucky Association of Sexual Assault Providers, 2004. Data obtained from aggregate service provider reports.
[72] Kentucky Department for Mental Health and Mental Retardation, 2004. Data obtained from aggregate service provider reports.

Figure 1
Loosely Connected Network
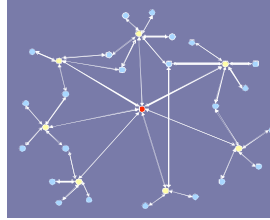
In these networks, the groups of organizations/providers that work on problems associated with violence tend work largely independently and provide and receive referrals from a unique set of organizations/providers. The network relies heavily on two agencies that tend to be the agencies that all network members connect through. In the Gateway region, these agencies are Pathways, Inc. and Christian Social Services. While this creates an imbalance in needed linkages across the state, it does provide a clear picture as to how to begin connecting organization and clients together. When thinking of planning primary prevention activities, technical assistance around building optimal network structures would be an important component of working in this region.

According to service providers in Gateway, the following represent the community's best ASSETS:

- Unified voice; representatives from many organizations representing various constituencies are engaged in working on prevention of violence.
- School health units are able to identify potential problems and act. They can do things to promote prevention that others may not be able to do.
- Gateway currently has existing day long prevention programming. There is potential to include violence prevention activities with this program.
- Health department Emergency Task Force for Bioterrorism.
- There is a good system of resources already existing in the communtiy to network together to create prevention services.

With regard to areas that need improvement, the consensus among Gateway's victim-service providers is that the following represent the community's largest DEFICITS:

- Not enough staffing in place to do intervention or prevention.
- Substance abuse is pervasive and is contributing to increases in problems such as teenage depression, anxiety, fear.
- Organizations are working independently rather than making connections between related issues such as domestic violence, child abuse and neglect, substance abuse, truancy, mental health, bioterrorism, and homeland security. These connections need to be made to make the case that prevention is a cheaper alternative to intervening after violence has occurred.
- Lack of attention to the growing geriatric population (i.e. drop from 17 personal care homes to two).

As a result of the targeted violence prevention planning process, Gateway determined their three regional priorities to be:

- Development or reallocation of resources for prevention services (i.e. diversion programs).
- Educational forum for learning about our community including effective use of resources and needs to be able to support each other.
- Networking for a central repository of information about preventive services for security, health, and safety.

Process:

The Gateway region met on three different occasions and was represented by several different agencies within the region. The agencies represented were Pathways, Rowan County Schools, Gateway Children's Advocacy Center, Protection and Permanency, DOVES (domestic violence program), and Gateway Community Action Programs.

Those involved in the meetings determined that our biggest priorities in working toward violence prevention were being able to work together to build stronger programs and more effective programs. We determined that we need a central repository of information about preventive services for security, health and safety.

There are many programs throughout the Gateway region that focus on violence prevention. We feel that we just need to be able to work together, support each agency's programs, and build stronger alliances within those organizations in order to make this region a safe and inviting environment for our families to live in.

The Gateway planning committee found that there are some gaps that prevent us from providing the best services possible. Those gaps include not enough staffing to do intervention, let alone prevention. Our committee further recognized that substance abuse is pervasive and is contributing to increases in violence among families, teens, and the community at large. We are willing to work together to provide the best prevention programs possible so that intervention programs will not be overwhelmed as they are now.

Coordinated by Trish Lewis, Executive Director, of Gateway Children's Advocacy Center, the following individuals also participated in Gateway's regional violence prevention planning process:

- Diane Rodgers, Pathways (community mental health service)
- Tresia Swain, Rowan County Schools
- Janice Baldridge, Rowan County Schools
- Callie Lewis
- Charlene Engle
- Cheryl Prince, Cabinet for Health and Families Department for Community-Based Services
- Mary Caric, Rowan County Schools
- Pat Collinsworth, DOVES (domestic violence program)
- Chris Groeber, CEO, Human Entrepreneurial Institute

GREEN RIVER REGION

GREEN RIVER REGION
VIOLENCE PREVENTION PRIORITIES

About the Region

Demographics

Green River is comprised of seven counties (Daviess, Hancock, Henderson, McLean, Ohio, Union, and Webster) on the north-western side of Kentucky, bordering the state of Indiana. The population of Green River totals 208,941 and the majority of its residents, 94.3%, are of Caucasian descent. Green River's total population living below the poverty level, 18.1%, is only slightly lower than the state average at 20.2%[73]. Of note, three of Green River's counties, namely, Union, Henderson, and McLean, report dropout rates from junior high through high school ranging from 3.5-5%, well above the Kentucky average of 3.2%[74].

Industry and Workforce Information

According to the 2000 Census, 53,371 or 80.3% of males aged 16-64 were participants in the labor force, while 44,493 or 66.4% of females aged 16-64 were participants in the labor force in the Green River region. Also, the civilian unemployment rate for all persons over 16 years of age was 6.1%. Further, the unemployment rate of high school dropouts, aged 16 to 19, in Green River totaled close to 32%, above the 30.7% rate for the state[75]. In Green River, the greatest number of job openings during the next decade will come from production, sales, and office administrative occupations[76].

The State of Violence in Green River

In FY 2003-2004, approximately 24.7% of child investigations referred to the state for allegations of abuse or neglect were substantiated[77]. With regard to the number of victims of domestic violence, approx. 1% of all women and children living in Kentucky shelters were in the Green River region[78]. Regarding the instances of rape and sexual assault, 3.2% of all unduplicated victims for the state were from Green River[79]. Further, approximately 8.7% of the total state-wide cases of adult abuse were from Green River, while 7.8% of the total caseload of caretaker neglect (adult) were also from this region[80]. Finally, 4.4% of all perpetrators of rape and sexual assault who were treated by Kentucky's mental health system for mental health and/or substance abuse issues were from Green River[81].

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[73] Kentucky State Data Center, 2004. Population figures 2003 Census. Poverty Rate 1999 Census.
[74] Kentucky County Health Profiles, 2001.
[75] US Census Bureau, 2000.
[76] Education Cabinet, 2004.
[77] Kentucky Cabinet for Health and Families, 2004. Data obtained from TWIST dataset.
[78] Kentucky Domestic Violence Association, 2004. Data obtained from aggregate service provider reports.
[79] Kentucky Association of Sexual Assault Providers, 2004. Data obtained from aggregate service provider reports.
[80] Kentucky County Health Profiles, 2001.
[81] Kentucky Department for Mental Health and Mental Retardation, 2004. Data obtained from aggregate service provider reports.

Organizational Relationships

A social network analysis of referral patterns across service providers in the region who work with persons at risk of violence or victims of violence was conducted to examine their organizational network. In this region, the organizational network can be described as a "hub" network.

Figure 1
Hub Network
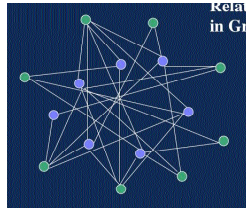
In a region with an organizational network linked by hubs, organizations tend to connect more often to a small set of organizations/providers that act as hubs to connect the broader set of groups that work together. These hubs can be centralized around an organization type or a geographic area. When thinking of planning primary prevention activities, these hubs can be a natural selection for a beginning point to connect people and organizations to the roll out of primary prevention activities. In Green River, the pattern of referrals reported suggests that there are three major hubs, including the Health Department, River Valley Behavioral Health (community mental health center), and Department for Community Based Services.

According to service providers in Green River, the following represent the community's best ASSETS:

- Long history of collaboration among agencies and community partners.
- Good quality services (but not enough quantity).
- Recognition by agencies and partners of the dynamics and relationships among the various factors that contribute to violent behavior .
- Excellent variety of services, including those beyond "basic" service concepts.
- Excellent approaches to educating public and consumers about availability of region's human services.

With regard to areas that need improvement, the consensus among Green River victim-service providers is that the following represent the community's largest DEFICITS:

- We experience the global effects of methampetamine abuse in our region.
- There is a lack of funding for existing resources, thus agencies are unable to function at their full potential due to insufficient funding.
- There is a challenge in getting needed services to rural areas.
- There is not enough legislative interest in or education about our area.
- Relationships with law enforcement need to be enhanced.

As a result of the targeted violence prevention planning process, Green River determined their three regional priorities to be:

- Community education and treatment for substance abuse with an emphasis on meth-amphetamine education and treatment considering that Daviess County in Green River had the highest number of meth labs (11) in Kentucky in the first quarter of 2006. As well, in Daviess County, 49 meth labs were seized in 2005, ranking second for most number of seized labs for Kentucky counties in 2005.
- Increased funding for current area resources.
- Expansion of existing treatment services for outpatient psychiatric treatment, services for low-income clients, children and families, additional victim specific services, and perpetrator treatment.

Process:

The committee met on three different occassions. At the first meeting, it was determined that more community partners needed to be involved in the process. Only one member of the committee had attended the initial meeting in Lexington, so specific details of the process were unclear. More people were in attendance at the second meeting where the details were explained more specifically. Attendees at the third meeting were given a breakdown of the statistics comparing our region with the others. Based on the information and the input of the committee members, we were able to determine our assets, deficiencies and priorities for our region. The committee also determined that there were several other issues of importance that could not be included in our list. We agreed to begin working on these issues while waiting for the statewide strategic plan to be developed.

Coordinated by Susan B. Davisson, Executive Director of New Beginnings Sexual Assault Support Services, the following individuals also participated in Green River's regional violence prevention planning process:

- Linda Wahl, Green River District Health Department
- Brenda Jones, Executive Director, Owensboro Area Shelter and Information Service (OASIS domestic violence program)
- Jim Toler, Service Region Administrator, Department for Community Based Services, Two Rivers region
- Father Ed Bradley, Holy Name Parish
- Paula Yevincy, Executive Director, Children's Advocacy Center
- Brenda Kennedy, Green River Area Development District
- Carrie Wedding, Executive Director, Court Appointed Special Advocates
- Starla Cravens, Ohio County Schools
- Gary Hall, Senior Director, River Valley Behavioral Health Regional Prevention Center
- Tish Correa-Osborne, CEO, Girls, Inc.

KIPDA REGION

KIPDA REGION
VIOLENCE PREVENTION PRIORITIES

About the Region

Demographics

KIPDA is comprised of seven counties (Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer, and Trimble) in the north-central area of Kentucky, bordering the state of Indiana to the west, as well as three other Kentucky area development districts, including Lincoln Trail, Bluegrass, and Northern Kentucky. KIPDA's population totals 888,946 and the majority of its residents, 80.8%, are of Caucasian descent, while 15.7% residents are African American, and 3.4% of the population represents other minorities in the region[82]. While all of the seven counties possess poverty levels below the state average of 15%, the percentage of KIPDA's children living below the poverty level at 24.8%, is higher than the state average for children living in poverty (20.2%)[83].

Industry and Workforce Information

According to the 2000 Census, 224,118 or 80.3% of males aged 16-64 were participants in the labor force, while 205,120 or 70.8% of females aged 16-64 were participants in the labor force in the KIPDA region. Also, the civilian unemployment rate for all persons over 16 years of age was 4.7%. Further, the unemployment rate of high school dropouts, aged 16 to 19, in KIPDA totaled 29.4%, just below the 30.7% rate for the state[84]. In KIPDA, the greatest number of job openings during the next decade will come from computer and math occupations, healthcare support occupations, and healthcare practitioners and technical occupations[85].

The State of Violence in KIPDA

In FY 2003-2004, approximately 22% of child investigations for allegations of abuse or neglect were substantiated within the counties of Trimble, Henry, Shelby, Oldham, Spencer and Bullitt. Further, approximately 29% of child investigations for allegations of abuse or neglect were substantiated just within Jefferson County[86]. With regard to the number of victims of domestic violence, approximately 9.5% of all women and children living in Kentucky shelters were from the KIPDA region[87]. Regarding the instances of rape and sexual assault, approximately 19.5% of all unduplicated victims for the state were from KIPDA[88]. Further, approximately 25.3% of the total state-wide cases of adult abuse were from KIPDA, while 23.3% of the total caseload of caretaker neglect (adult) were also from this region[89]. Finally, approximately 24.4% of all perpetrators of rape and sexual assault who were treated by Kentucky's mental health system for mental health and/or substance abuse issues were from KIPDA[90].

Organizational Relationships

A social network analysis of referral patterns across service providers in the region who work with persons at risk of violence or victims of violence was conducted to examine their organizational network. In this region, the organizational network can be described as a "hub" network.

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[82] Kentucky State Data Center, 2004. Population figures 2003 Census. Poverty Rate 1999 Census.
[83] US Census Bureau, 1999.
[84] US Census Bureau, 2000.
[85] Education Cabinet, 2004.
[86] Kentucky Cabinet for Health and Families, 2004. Data obtained from TWIST dataset.
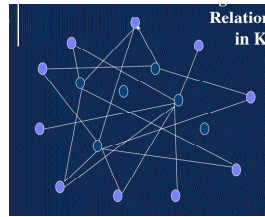[87] Kentucky Domestic Violence Association, 2004. Data obtained from aggregate service provider reports.
[88] Kentucky Association of Sexual Assault Providers, 2004. Data obtained from aggregate service provider reports.
[89] Kentucky County Health Profiles, 2001.
[90] Kentucky Department for Mental Health and Mental Retardation, 2004. Data obtained from aggregate service provider reports.

Figure 1
Organizational Network Linked by Hubs

In a region with an organizational network linked by hubs, organizations tend to connect more often to a small set of organizations/providers that act as hubs to connect the broader set of groups that work together. These hubs can be centralized around an organization type or a geographic area. When thinking of planning primary prevention activities, these hubs can be a natural selection for a beginning point to connect people and organizations to the roll out of primary prevention activities. In the KIPDA region, the pattern of referrals reported suggests the hub is geographic with regional partners depending on organizations that are centrally located in Louisville as the urban center of the region.

According to service providers in KIPDA, the following represent the community's best ASSETS:

- Collaboration among agencies who are aware of one another
- Multitude of agencies providing treatment services
- Specialized community resources for urban population
- Rural outreach, including direct service provision, by some agencies (Children's Advocacy Center, Center for Women and Families, Seven Counties Services, etc.)
- Resources are available in all areas of family violence

With regard to areas that need improvement, the consensus among KIPDA's victim-service providers is that the following represent the community's largest DEFICITS:

- Lack of prevention efforts
- Lack of funding resources to support prevention/community programming
- Lack of effective and consistent communication among agencies including periferal agencies such as law enforcement, school officials, etc.
- Lack of reporting from upper income victims, college students, private sector
- Lack of resources for ESL population

As a result of the targeted violence prevention planning process, KIPDA determined their three regional priorities to be:

- Prevention efforts in all areas of family violence
- Funding resources for prevention/community programming
- Increase effective and consistent communication within KIPDA community

Process:

Member agencies were very willing to work together in this process. All agencies involved were concerned about having enough representation from the rural counties in the region, which is positive as it is easy for these counties to be overlooked due to the size of Jefferson County. Members were committed to truly identifying gaps in service array so as to accurately prioritize needs. Members decided early on to limit the number of participants on the committee so as to keep the group manageable and to utilize the data analysis of resources that was presented as available during the kick-off meeting. We experienced difficulty accessing and utilizing data, as we didn't want to rely on our own opinions regarding the source of our community's problems. We understood this process to be one that relied heavily on local and statewide data pertaining to violence-related issues. One of the difficulties in trying to prioritize needs for a region so large as KIPDA is that plenty of resources are available and it is easy to overlook what is missing from the array.

Coordinated by Patricia Geftos of Seven Counties Services, Inc. (community mental health center), and Jennifer Hancock of The Center for Women and Families (domestic violence and rape crisis program), the following individuals also participated in KIPDA's regional violence prevention planning process:

- Naela Imanyara - Division of Family Resource/Youth Service Centers
- Heather Olmsted-Simpson – Department for Community Based Services
- Jackie Town - Kentucky Youth Advocates
- Amy Turner - The Center for Women and Families (domestic violence and rape crisis program)
- Quintilla Weathers - Kentucky Youth Advocates
- Rebecca Young - Children's Advocacy Center, Family and Children First

KENTUCKY RIVER REGION

KENTUCKY RIVER REGION
VIOLENCE PREVENTION PRIORITIES

About the Region

Demographics

Kentucky River is comprised of eight counties (Breathitt, Knott, Lee, Letcher, Leslie, Owsley, Perry, and Wolfe) on the south eastern side of Kentucky, between the Big Sandy and Cumberland Valley regions. The population of Kentucky River totals 119,596 and the majority of its residents, 98.2%, are of Caucasian descent, while less than one percent each represent African American and other minority populations[91]. Kentucky River fares among the poorest in the state with regard to individuals living below the poverty level. Six out of the eight counties possess poverty rates at 30% or higher, figures more than double the 15.8% overall rate of poverty for the state. In fact, Owsley County with a poverty rate of 45.4% is the poorest county in all of Kentucky. Further, Wolfe, Breathitt, and Leslie counties rank as 5th, 7th, and 8th respectively, as the poorest counties in the state. Not surprisingly, the rate of poverty for Kentucky River's children at 34% represents a figure that is significantly higher than the overall rate for the state at 20.2%[92].

Industry and Workforce Information

According to the 2000 Census, 21,973 or 54.6% of males aged 16-64 were participants in the labor force, while 17,966 or 44.5% of females aged 16-64 were participants in the labor force in the Kentucky River region. Also, the civilian unemployment rate for all persons over 16 years of age was 11.4%. Further, the unemployment rate of high school dropouts, aged 16 to 19, in Kentucky River totaled 48.5%, significantly higher than the 30.7% rate for the state, and represented the highest dropout rate for the state[93]. In Kentucky River, the greatest number of job openings during the next decade will come from food preparation and serving, office administrative occupations, and healthcare practitioners and technical occupations[94].

The State of Violence in Kentucky River

In FY 2003-2004, approximately 28.5% of child investigations referred to the state for allegations of abuse or neglect, were substantiated[95]. With regard to the number of victims of domestic violence, almost 4% of all women and children living in Kentucky shelters were in the Kentucky River region[96]. Regarding the instances of rape and sexual assault, approximately 6.3% of all unduplicated victims for the state were from the Kentucky River region[97]. Further, 2.4% of the total state-wide cases of adult abuse were from Kentucky River, while 3.8% of the total caseload of caretaker neglect (adult) were also from this region[98]. Finally, 1% of all perpetrators of rape and sexual assault who were treated by Kentucky's mental health system for mental health and/or substance abuse issues were from Kentucky River[99].

Organizational Relationships

A social network analysis of referral patterns across service providers in the region who work with persons at risk of violence or victims of violence was conducted to examine their organizational network. In this region, the organizational network can be described as a hub network.

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[91] Kentucky State Data Center, 2004. Population figures 2003 Census. Poverty Rate 1999 Census.
[92] US Census Bureau, 1999.
[93] US Census Bureau, 2000.
[94] Education Cabinet, 2004.
[95] Kentucky Cabinet for Health and Families, 2004. Data obtained from TWIST dataset.
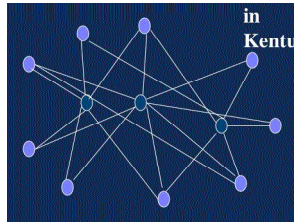[96] Kentucky Domestic Violence Association, 2004. Data obtained from aggregate service provider reports.
[97] Kentucky Association of Sexual Assault Providers, 2004. Data obtained from aggregate service provider reports.
[98] Kentucky County Health Profiles, 2001.
[99] Kentucky Department for Mental Health and Mental Retardation, 2004. Data obtained from aggregate service provider reports.

Figure 1
Organizational Network Linked by Hubs

In a region with an organizational network linked by hubs, organizations tend to connect more often to a small set of organizations/providers that act as hubs to connect the broader set of groups that work together. These hubs can be centralized around an organization type or a geographic area. When thinking of planning primary prevention activities, these hubs can be a natural selection for a beginning point to connect people and organizations to the roll out of primary prevention activities. In the Kentucky River region, the pattern of referrals reported suggests that there are three main hubs which the majority of providers connect clients to and receive referrals from. These organizations include Kentucky River Community Care, LKLP Safehouse, and Protection and Permanency.

According to service providers in the Kentucky River region, the following represent the community's best ASSETS:

- Laws , i.e., Domestic Violence Orders
- Transitional housing and services for victims
- Treatment and crisis intervention programs for victims
- Multi-disciplinary committees to address abuse

With regard to areas that need improvement, the consensus among Kentucky River's victim-service providers is that the following represent the community's largest DEFICITS:

- Lack of treatment or legal intervention for perpetrators: no consequences
- Lack of community, teacher, judicial education regarding violence and its effects
- Lack of safety for persons reporting violence
- Social and cultural values supporting non-violence
- No multi-disciplinary team for adults

As a result of the targeted violence prevention planning process, Kentucky River determined their three regional priorities to be:

- Increased attention to consequences for perpetrators of violence
- Increased measures to protect victims, such as developing a domestic violence crisis intervention protocol
- Increase the knowledge and awareness of all community members concerning violence through education

Process:

   The Kentucky River region has active Family Violence Prevention Councils in Breathitt, Lee, Wolfe and Owsley counties with community partners that include the Kentucky River Community Care Rape Crisis Center. The Rape Center working through the Breathitt/Wolfe Family Violence Prevention Council hosted the Strategic Planning meetings in Jackson, Breathitt County. All members of the Councils were invited to the initial meeting and 22 persons representing 15 different agencies or interests attended. Natalie Kelly and David Gutierrez from the Division of Child Abuse and Domestic Violence also participated by educating the group about the purpose and process of strategic planning. Several counties were not represented at the initial meeting and plans were implemented to make sure they had persons involved in the second meeting.

   The second meeting was attended by over 20 persons as well, and participants were enthusiastic about addressing the problems of violence in the region. Everyone's comments were recorded on flip charts as discussion addressed the assets and needs of the region related to crisis intervention, treatment, and prevention as pertaining to

violence. The importance of improved responses to interpersonal violence from the legal system was noted, as well as the need for developing programs for offender treatment/rehabilitation.

Coordinated by Brenda Hughes, Director of Trauma Services of Kentucky River Community Care (community mental health center), the following individuals also participated in Kentucky River's regional violence prevention planning process:

- Sharon Barrett, Dual Diagnosis Clinician, Kentucky River Community Care
- Dee Cole, Rape Crisis Clinician, Kentucky River Community Care
- Brittney Crisp, Rape Crisis Victim Advocate, Kentucky River Community Care
- Patricia Crone, Designated Child Sexual Abuse Clinician, Kentucky River Community Care
- Shannon Evans, Survivor
- Iva Fugate, Secretary, Appalachian Research and Defense Fund of Kentucky, Inc.
- Denise Hoffman, Rural Frontier Coordinating Center, Kentucky River Community Care
- Charlotte Hogan, Lee County Youth Services Center
- Brenda Hughes, Director Trauma Services, Kentucky River Community Care
- Richard Kenniston, Attorney, Appalachian Research and Defense Fund of Kentucky, Inc.
- Tricia McIntosh, Health Navigator/Data Technician, Kentucky River Community Care
- Elmer Maggard, Psychologist, Private Practice
- Eldon Miller, Ministerial Association
- Diane Murray, Psychologist Trauma Services, Kentucky River Community Care
- Jeff Noble, Editor Breathitt County Voice
- Marianne Oghia, Victim Advocate, Appalachian Research and Defense Fund of Kentucky, Inc.
- Masja Ott, Chiropractor, Appalucky Mission
- Missie Quillen, Executive Director, Kentucky River Children's Advocacy Center
- Mildred Lee Rogers, Jackson City Council
- Christina Tipton, Children's Mental Health Clinician, Kentucky River Community Care
- Scott Turner, Targeted Assessment Program Specialist, University of Kentucky
- Jennifer Weeber, Hazard-Perry County Community Ministries
- Sam Cockerham, Cabinet for Health and Family Services, Department for Community Based Services, Family Support
- Vickie Eversole, Kentucky State Police
- Doug Gay, Kentucky State Police
- Paulie Harris, Private Citizen
- Tracy Keene, Social Services Clinician 1, Cabinet for Health and Family Services, Protection and Permanency
- Karen Alfano, Attorney, Appalachian Research and Defense Fund of Kentucky, Inc.

LAKE CUMBERLAND REGION

LAKE CUMBERLAND REGION
VIOLENCE PREVENTION PRIORITIES

About the region

Demographics

Lake Cumberland is comprised of ten counties (Adair, Casey, Clinton, Cumberland, Green, McCreary, Pulaski, Russell, Taylor, and Wayne) in the south-central area of Kentucky, bordering the Cumberland Valley region to the east and the Barren River region to the west. Lake Cumberland's population totals 197,399 and the majority of its residents, 96.9%, are of Caucasian descent, while only 3.1% represent a minority population in the region. Lake Cumberland fares among the poorest in the state with regard to the percentage of individuals living below the poverty level. Each of the region's ten counties possess rates of poverty well above the average rate of 15.8% for the state. The rates of poverty range from 17.5% in Taylor County to a high of 32.2% in McCreary County. Not surprisingly, the rate of poverty for Lake Cumberland's children is over 10% higher than the overall rate for the state[100].

Industry and Workforce Information

According to the 2000 Census, 43,182 or 70.4% of males aged 16-64 were participants in the labor force, while 37,415 or 59.5% of females aged 16-64 were participants in the labor force in the Lake Cumberland region. Also, the civilian unemployment rate for all persons over 16 years of age was 6.9%. Further, the unemployment rate of high school dropouts, aged 16 to 19, in Lake Cumberland totaled close to 35.5%, well above the 30.7% rate for the state[101]. In Lake Cumberland, the greatest number of job openings during the next decade will come from sales, office administrative, and food related occupations[102].

The State of Violence in Lake Cumberland

In FY 2003-2004, approximately 22.8% of child investigations referred to the state for allegations of abuse or neglect, were substantiated[103]. With regard to the number of victims of domestic violence, 7.5% of all women and children living in Kentucky shelters were from the Lake Cumberland region[104]. Regarding the instances of rape and sexual assault, almost 7% of all unduplicated victims for the state were from Lake Cumberland[105]. Further, 4.7% of the total state-wide cases of adult abuse were from Lake Cumberland, while 7.8% of the total caseload of caretaker neglect (adult) were also from this region[106]. Finally, approx. 7% of all perpetrators of rape and sexual assault who were treated by Kentucky's mental health system for mental health and/or substance abuse issues were from Lake Cumberland[107].

According to service providers in Lake Cumberland, the following represent the community's best ASSETS:

▸ Active participation by the current members in process
▸ Communication within the team
▸ Strong desire to grow team into a regional committee
▸ Individual programs within counties that can be developed into regional programs/campaigns

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[100] US Census Bureau, 1999.
[101] US Census Bureau, 2000.
[102] Education Cabinet, 2004.
[103] Kentucky Cabinet for Health and Families, 2004. Data obtained from TWIST dataset.
[104] Kentucky Domestic Violence Association, 2004. Data obtained from aggregate service provider reports.
[105] Kentucky Association of Sexual Assault Providers, 2004. Data obtained from aggregate service provider reports.
[106] Kentucky County Health Profiles, 2001.
[107] Kentucky Department for Mental Health and Mental Retardation, 2004. Data obtained from aggregate service provider reports.

With regard to areas that need improvement, the consensus among Lake Cumberland victim-service providers is that the following represent the community's largest DEFICITS:

- Participation of additional community represenatives
- Communication within/between community resources

As a result of the targeted violence prevention planning process, Lake Cumberland determined their three regional priorities to be:

- Identify and invite members from all counties and additional service areas
- Identify main message
- Identify main audience for message and delivery point

Process:

The Lake Cumberland Regional Strategic Planning Committee will continue to meet and continue to invite community representatives to attempt to ensure that the all counties in the region and many different organizations are represented. We will continue to review the programs for violence prevention that exist in the counties that can be modified and duplicated in other counties. We will also continue to evaluate messages for violence prevention and determine the best delivery point for the message. The goal that was adopted by our committee was taken from a statement made during the state-wide kickoff meeting in August 2005, namely, to increase behavior in our community that will not tolerate violence.

Coordinated by Kathrina A. Riley of Regional Victims Services Program, Adanta Group (community mental health center), the following individuals also participated in Lake Cumberland's regional violence prevention planning process:

- Brenda Houston, Child Advocacy Center
- Sandi Dick, Pulaski, Family Resource and Youth Service Center (FRYSC), Science Hill Independent Schools
- Ann Mattingly, Taylor FRYSC
- Phyllis Thompson, Adair FRYSC
- Tammy Gay, Regional Program Manager, Region 6, Division of FRYSC
- Phil Carney, Russell FRYSC
- Vicki Merrill, Russell FRYSC
- Donna Huff, Bethany House Spouse Abuse Shelter
- Donna Diaz, Lake Cumberland Area Development District
- Tina Embry, Lake Cumberland Headstart
- Debby Hoskins, Lake Cumberland Headstart

LINCOLN TRAIL REGION

LINCOLN TRAIL REGION
VIOLENCE PREVENTION PRIORITIES

About the Region

Demographics

Lincoln Trail is comprised of eight counties (Breckenridge, Grayson, Hardin, Larue, Marion, Meade, Nelson, and Washington) on the north-central area of Kentucky, bordered by five other Kentucky ADD regions. The population of Lincoln Trail totals 250,147 and the majority of its residents, 89.1%, are of Caucasian descent, while 10.9% represent African American or other minority populations[108]. While the majority of counties in Lincoln Trail fare better than the state's poverty rate, Grayson County and Marion County possess poverty rates over 18%, a figure above the state average of 15.8%[109]. Similarly, the school drop-out rates in all of Lincoln Trail's range from 1.2% to 3.5%, is equal to or better than the state average of 3.5%[110].

Industry and Workforce Information

According to the 2000 Census, 63,697 or 79.3% of males aged 16-64 were participants in the labor force, while 51,032 or 65.6% of females aged 16-64 were participants in the labor force in the Lincoln Trail region. Also, the civilian unemployment rate for all persons over 16 years of age was 5.5%. Further, the unemployment rate of high school dropouts, aged 16 to 19, in Lincoln Trail totaled 28.5%, which is below the 30.7% rate for the state[111]. In Lincoln Trail, the greatest number of job openings during the next decade will come from sales, production, and office administrative occupations[112].

The State of Violence in Lincoln Trail

In FY 2004-2004, approximately 18% of child investigations referred to the state for allegations of abuse or neglect were substantiated[113]. With regard to the number of victims of domestic violence, 5.6% of all women and children living in Kentucky shelters were from the Lincoln Trail region[114]. Regarding the instances of rape and sexual assault, approximately 8% of all unduplicated victims for the state were from Lincoln Trail[115]. Further, 5.4% of the total state-wide cases of adult abuse were from Lincoln Trail, while 4% of the total caseload of caretaker neglect (adult) were also from this region[116]. Finally, 7.2% of all perpetrators of rape and sexual assault who were treated by Kentucky's mental health system for mental health and/or substance abuse issues were from Lincoln Trail[117].

Organizational Relationships

A social network analysis of referral patterns across service providers in the region who work with persons at risk of violence or victims of violence was conducted to examine their organizational network. In this region, the organizational network can be described as a hub network.

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[108] Kentucky State Data Center, 2004. Population figures 2003 Census. Poverty Rate 1999 Census.
[109] US Census Bureau, 2000.
[110] Kentucky County Health Profiles, 2001.
[111] US Census Bureau, 2000.
[112] Education Cabinet, 2004.
[113] Kentucky Cabinet for Health and Families, 2004. Data obtained from TWIST dataset.
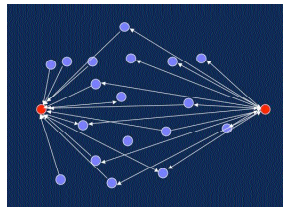[114] Kentucky Domestic Violence Association, 2004. Data obtained from aggregate service provider reports.
[115] Kentucky Association of Sexual Assault Providers, 2004. Data obtained from aggregate service provider reports.
[116] Kentucky County Health Profiles, 2001.
[117] Kentucky Department for Mental Health and Mental Retardation, 2004. Data obtained from aggregate service provider reports.

Figure 1
Organizational Network Linked by Hubs

In a region with an organizational network linked by hubs, organizations tend to connect more often to a small set of organizations/providers that act as hubs to connect the broader set of groups that work together. These hubs can be centralized around an organization type or a geographic area. When thinking of planning primary prevention activities, these hubs can be a natural selection for a beginning point to connect people and organizations to the roll out of primary prevention activities. In Lincoln Trail, the pattern of referrals reported suggests that there are two main hubs. Department for Community Based Services is the agency that was consistently reported by ALL respondents as an agency that refers clients to others in the region. The community mental health and substance abuse service provider was consistently reported by ALL respondents as an agency that respondents refer their clients to for services.

According to service providers in Lincoln Trail, the following represent the community's best ASSETS:

- Substantial networking already present
- Varied services already in place
- Involved and interested community member groups
- Existing educational program within community
- Strong victim's advocate programs available

With regard to areas that need improvement, the consensus among Lincoln Trail victim-service providers is that the following represent the community's largest DEFICITS:

- Limited communication about services through out the region
- Insufficient or poorly defined statistics on incidence available
- Centralized in one hub county
- Lack of funding for full services to be spread throughout each county
- Staffing shortages in most professional fields

As a result of the targeted violence prevention planning process, Lincoln Trail determined their three regional priorities to be:

- Funding for service providers, professional training
- Better data on incidence, impact, prevalence
- Services more easily accessible to each county

Process:
    Our region began its strategic planning process with a small core group representing victim service providers, protective service agencies, and law enforcement. These core representatives were responsible for solicting information from their respective organizations and ensuring their organization's attendance at larger group meetings. Additionally, the core group was responsible for sending information received in each meeting to their peer groups, in order to streamline the process, and make the most efficient use of time and resources. Our region's second and third meetings focused on getting input from larger, more diverse groups. Information from these meetings was merged to ascertain the region needs, gaps, resources, and strengths.

Coordinated by Lisa Sampson, Executive Director of the Advocacy and Support Center (rape crisis program and children's advocacy center), the following individuals also participated in Lincoln Trail's regional violence prevention planning process:

- Lisa Holmes, Executive Director, Springhaven, Inc. (domestic violence program)
- Tammy Gay, Regional Program Manager, Region 6, Division of FRYSC
- Jeremy Thompson, Detective, Kentucky State Police
- Jayne Bartley, APS/CPS Regional Specialist, Nelson County Community Based Services
- Libby Trager, Service Region Administrator, Lincoln Trail Department for Community Based Services
- Jodi Ennis, Detective, Crimes Against Women and Children Unit, Radcliff Police Department

NORTHERN KENTUCKY REGION

NORTHERN KENTUCKY REGION
VIOLENCE PREVENTION PRIORITIES

About the Region

Demographics

Northern Kentucky is comprised of eight counties (Boone, Campbell, Carroll, Gallatin, Grant, Kenton, Owen, and Pendleton)on the northern most region of Kentucky, bordering the state of Ohio. The population of Northern Kentucky totals 405,786 and the majority of its residents, 95.4%, are of Caucasian descent, while only 4.6% represent African American or other minority populations[118]. While Owen County possesses about the same rate of poverty, 15%, as that of the state overall, all of the other Northern Kentucky counties possess rates of poverty below the state average. This means that generally, Northern Kentucky fares best in the state with regard to the percentage of individuals living below the poverty level. The same is true of children living below the poverty level, because while the rate of child poverty for Kentucky is 20.2%, the rate of child poverty for Northern Kentucky is much lower at 13.2%[119]. However, with regard to school drop-out rate, three counties, Carroll, Gallatin, and Grant, possess rates higher than the state average of 3.5%[120].

Industry and Workforce Information

According to the 2000 Census, 105,463 or 83.1% of males aged 16-64 were participants in the labor force, while 92,151 or 71.5% of females aged 16-64 were participants in the labor force in the Northern Kentucky region. Also, the civilian unemployment rate for all persons over 16 years of age was 3.8%. Further, the unemployment rate of high school dropouts, aged 16 to 19, in Northern Kentucky totaled approximately 29%, just under the 30% dropout rate for the state[121]. In Northern Kentucky, the greatest number of job openings during the next decade will come from office and administrative support occupations, sales occupations, and food preparation and serving related occupations[122].

The State of Violence in Northern Kentucky

In FY 2003-2004, approximately 15.3% of child investigations referred to the state for allegations of abuse or neglect, were substantiated[123]. With regard to the number of victims of domestic violence, 11.6% of all women and children living in Kentucky shelters were from the Northern Kentucky region[124]. Regarding the instances of rape and sexual assault, approx. 10.5% of all unduplicated victims for the state were from Northern Kentucky[125]. Further, 4.2% of the total state-wide cases of adult abuse were from Northern Kentucky, while approximately 4% of the total caseload of caretaker neglect (adult) were also from this region[126]. Finally, 5.4% of all perpetrators of rape and sexual assault who were treated by Kentucky's mental health system for mental health and/or substance abuse issues were from Northern Kentucky[127].

Organizational Relationships

A social network analysis of referral patterns across service providers in the region who work with persons at risk of violence or victims of violence was conducted to examine their organizational network. In this region, the organizational network can be described as fully connected. Figure 1 shows a representation of a fully connected network.

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[118] Kentucky State Data Center, 2004. Population figures 2003 Census. Poverty Rate 1999 Census.
[119] US Census Bureau, 1999.
[120] Kentucky County Health Profiles, 2001.
[121] US Census Bureau, 2000.
[122] Education Cabinet, 2004.
[123] Kentucky Cabinet for Health and Families, 2004. Data obtained from TWIST dataset.
[124] Kentucky Domestic Violence Association, 2004. Data obtained from aggregate service provider reports.
[125] Kentucky Association of Sexual Assault Providers, 2004. Data obtained from aggregate service provider reports.
[126] Kentucky County Health Profiles, 2001.
[127] Kentucky Department for Mental Health and Mental Retardation, 2004. Data obtained from aggregate service provider reports.

Figure 1
Fully Connected Network
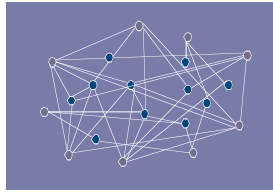
In a region with a fully connected network, organizations report many connections to one another. The network of providers working together is not dependent on a set of organizations. The challenge for this region is to develop primary prevention activities that are inclusive of the many organizations that work together on a regular basis.

According to service providers in Northern Kentucky, the following represent the community's best ASSETS:

- Public education programs available in all schools and grades
- 24/7 Advocacy - Crisis Centers for sexual assault victims
- EMA: Elder Maltreatment Alliance
- Cabinet investigative staff in the area of child abuse
- DOVE Program (Developing Options for Violent Emergencies)

With regard to areas that need improvement, the consensus among Northern Kentucky victim-service providers is that the following represent the community's largest DEFICITS:

- Lack of prevention and treatment programs within the area of child abuse
- Laws and legistative wording needs to change regarding Emergency Protective Orders statutes to include dating partners for domestic violence victims
- Require educational programming to change societal attitudes, such as, victim blaming with sexual assault victims available in all grades
- Prevention Public Education programs available in all schools and grades
- Statewide advocacy for legislators
- The need for safe placement for child abuse victims and awareness of options

As a result of the targeted violence prevention planning process, Northern Kentucky determined their three regional priorities to be:

- Need increased prevention programs and treatment options in all areas of child abuse.
- Expand definitions within EPO legislation to include dating partners and others.
- Increased educational programs to change societal attitudes, such as victim blaming with sexual assault victims.
- Include violence prevention public education in all schools and grades.

Process:

The Northern Kentucky Violence Prevention Strategic Planning Committee met three times within a three month period. After reviewing and discussing local statistics, programs and needs within the region, the group formulated the top three priorities in Northern Kentucky.

Coordinated by Kimberely J. Adams, Executive Director, Women's Crisis Center (domestic violence and rape crisis programs). The following individuals also participated in Northern Kentucky's regional violence prevention planning process:

- Kimberely Adams, Women's Crisis Center
- Betty Barrett, Women's Crisis Center
- Wendy Bauer, St. Luke Hospitals
- Dorothea Becker, Family Nurturing Center
- Monica Braunwart, Boone County Human Services

- Pat Dressman, Campbell County Fiscal Court
- Pat Gunning, NECCO
- Joel Griffith, Department for Community Based Services
- Vickie Henderson, Northern Kentucky Children's Advocacy Center
- Phyllis Konerman, Women's Crisis Center
- Kim Main, NorthKey (community mental health center)
- Kathy Miller-Cox, Family Nurturing Center
- Fran Morris-Mandel, University of Kentucky, College of Social Work, Facilitator
- Patricia Nagelkirk, Family Nurturing Center
- Pamela Pangburn, Senior Services of Northern Kentucky
- Jennifer Pugh, Brighton Center
- Eileen Recktenwald, Kentucky Association of Sexual Assault Programs, Inc., Facilitator
- James Schrand, Boone County Attorney
- Karen Tapp, Northern Kentucky University
- Barbara Yelton, Community Youth Development Council
- Joy Amburgey, Kentucky River Community Care
- Amy Burke, Kenton Co. Attorney's Office
- Monica Ibarra-Burke, Legal Aid
- Judy Garratt, Housing Authority of Covington
- Akiko Marui, NorthKey
- Bev Merrill, Welcome House
- Cindy A. Millay, Legal Aid
- Missy Rittinger, St. Elizabeth Medical Center
- Angie Taylor, Cabinet for Health and Family Services, Department for Community Based Services
- Senator Jack Westwood, Kentucky Senate
- Judy White, Kenton County Attorney's Office
- Sue Williams, Northern Kentucky Independent Health Department
- Joe Behler, Catholic Social Services
- Jody Christerson, Northern Kentucky Health Deptartment
- John Fisher, Northern Kentucky Commission on Human Rights

PENNYRILE REGION

PENNYRILE REGION
VIOLENCE PREVENTION PRIORITIES

About the Region

Demographics

Pennyrile is comprised of nine counties (Caldwell, Christian, Crittenden, Hopkins, Livingston, Lyon, Muhlenberg, Todd, and Trigg) on the western side of Kentucky, nestled between the Purchase, Green River, and Barren River regions. The population of Pennyrile totals 213,058 and the majority of its residents, 85.2%, are of Caucasian descent, with 14.8% of its residents representing African American and other minority populations[128]. While Pennyrile's counties are not ranked among the poorest for Kentucky, the overall rate of children living in poverty, 21.1%, is slightly higher than the state's average. However, the infant mortality rate for the Pennyrile region, 7.3/1000 births, is noticeably higher than the rate for all of Kentucky at 4.4/1000 births[129].

Industry and Workforce Information

According to the 2000 Census, 54,867 or 76.9% of males aged 16-64 were participants in the labor force, while 41,204 or 61.3% of females aged 16-64 were participants in the labor force in the Pennyrile region. Also, the civilian unemployment rate for all persons over 16 years of age was 6.5%. Further, the unemployment rate of high school dropouts, aged 16 to 19, in Pennyrile totaled 32.6%, a figure above the 30.7% rate for the state[130]. In Pennyrile, the greatest number of job openings during the next decade will come from sales, production, and food related occupations[131].

The State of Violence in Pennyrile

In FY 2003-2004, approximately 21% of child investigations referred to the state for allegations of abuse or neglect, were substantiated[132]. With regard to the number of victims of domestic violence, close to 8% of all women and children living in Kentucky shelters were from the Pennyrile region[133]. Regarding the instances of rape and sexual assault, almost 5% of all unduplicated victims for the state were from Pennyrile[134]. Further, approximately 4.6% of the total state-wide cases of adult abuse were from Pennyrile, while 10.6% of the total caseload of caretaker neglect (adult) were also from this region[135]. Finally, 4% of all perpetrators of rape and sexual assault who were treated by Kentucky's mental health system for mental health and/or substance abuse issues were from Pennyrile[136].

Organizational Relationships

A social network analysis of referral patterns across service providers in the region who work with persons at risk of violence or victims of violence was conducted to examine their organizational network. In this region, the organizational network can be described as a loosely connected network. Figure 1 shows a representation of a loosely connected"network.

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[128] Kentucky State Data Center, 2004. Population figures 2003 Census. Poverty Rate 1999 Census.
[129] Kentucky County Health Profiles, 2001.
[130] US Census Bureau, 2000.
[131] Education Cabinet, 2004.
[132] Kentucky Cabinet for Health and Families, 2004. Data obtained from TWIST dataset.
[133] Kentucky Domestic Violence Association, 2004. Data obtained from aggregate service provider reports.
[134] Kentucky Association of Sexual Assault Providers, 2004. Data obtained from aggregate service provider reports.
[135] Kentucky County Health Profiles, 2001.
[136] Kentucky Department for Mental Health and Mental Retardation, 2004. Data obtained from aggregate service provider reports.

Figure 1
Loosely Connected Network
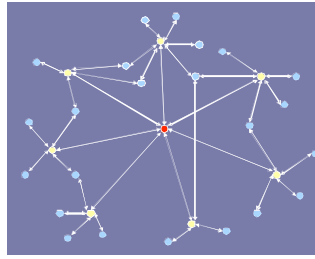
In these networks, the groups of organizations/providers that work on problems associated with violence tend work largely independently and provide and receive referrals from a unique set of organizations/providers. The network relies on one agency that tends to be the agency that all network members connect through. In the Pennyrile region, this agency is Pennyroyal (community mental health center). While this creates an imbalance in needed linkages across the state it does provide a clear picture as to how to begin connecting organization and clients together. When thinking of planning primary prevention activities, technical assistance around building optimal network structures would be an important component of working in these regions.

According to service providers in Pennyrile, the following represent the community's best ASSETS:

- The region provides a strong response to issues that endanger children; in particular issues related to drug-endangered children
- There is in-depth information on community resources available
- Front line workers in the region demonstrate long-term dedication
- The region has a good record of retaining front line workers on a long-term basis
- Combined domestic violence and sexual assault programs into one agency is a good demonstration of resources working together against violence
- The region is well networked

With regard to areas that need improvement, the consensus among Pennyrile victim-service providers is that the following represent the community's largest DEFICITS:

- Caseloads are too high
- There is a need for a no tolerance message against violence community-wide including role modeling of non-acceptance of violence and consequences to violence that can be counted on and are universally applied
- There is a belief held by some in the region that we don't have the problem of violence here
- There are cultural norms that promote the acceptance of violence present in the region
- There is no unified response from law enforcement against violence
- There is a need to move beyond planning processes and implement needed services
- There is a need for substance abuse services and transportation

As a result of the targeted violence prevention planning process, Pennyrile determined their three regional priorities to be:

- Increased staff for child protection services is needed as the current client to caseworker ratio is too high
- Increased awareness and education about the presence of violence in our community, including a violence prevention campaign
- The implementation of primary prevention activities/programs

Process:

The Pennyrile region held three meetings. Regionwide invitations were sent out for each meeting and the statewide regional planning group provided a facilitator for each meeting. In the first meeting, region participants discussed the planning process and the problems facing the Pennyrile region that inhibit violence prevention or contribute to violence in the community. In the second meeting, participants reviewed available regionwide data and provided information on assets in their service area. During the third meeting, participants came to consensus regarding top priorities for the region, as well as defining our regional assets and gaps.

Coordinated by Myra Starkey, Assistant Executive Director of Sanctuary, Inc. (domestic violence and rape crisis program), the following individuals also participated in Pennyrile's regional violence prevention planning process:

- Marilyn Belt, Supervisor, Cabinet for Family and Health Services, Protection and Permanency
- Shirley Board, Community Center Liaison, Lyon County Housing Authority
- Martha Cessna, Retired Middle School Principal, Muhlenberg County Board of Education
- Bonnie Cook, Executive Director, Kentucky Association of Child Advocacy Centers
- Patty Cook, Assistant Professor, University of Kentucky, College of Social Work
- Patti Golden, Bookkeeper, Child Advocacy Center
- Ann Haberlock, Victim Advocate, Sanctuary, Inc.
- Beverly Lewis, Health Educator Coordinator, Caldwell County Health Department
- Tracey Mayberry, Detective, Hopkinsville Police Department
- Anna Jo Parmley, Truancy Mediator, Todd County Board of Education
- Bryan Pitney, Retired Detective, Kentucky State Police
- Robbi Anne Richardson, Outreach Coordinator, Sanctuary, Inc.
- Judy Rousseau, Health Educator, Pennyrile District Health Department
- Beverly Sivley, Executive Director, Pennyrile Child Advocacy Center

PURCHASE REGION

PURCHASE REGION
VIOLENCE PREVENTION PRIORITIES

About the Region

Demographics

The Purchase region is comprised of eight counties (Ballard, Calloway, Carlisle, Fulton, Graves, Hickman, Marshall, and McCracken) on the western most side of Kentucky, bordering the states of Missouri to the west and Tennessee to the south. The population of Purchase totals 193,114 and the majority of its residents, 91.2%, are of Caucasian descent, with 8.8% representing African American and other minority populations. Four of this region's eight counties report poverty levels higher than the average rate for Kentucky. These rates range from 16.4% to 23.1%, while the poverty rate for Kentucky rests at 15.8%[137]. Hickman County, on the south-western part of the region, is the only county to report a higher than state average for school dropout rates. The dropout rate for Hickman County for grades 7 though 12 is 4.8%, while the comparable rate for the state of Kentucky is 3.5%[138].

Industry and Workforce Information

According to the 2000 Census, 47,417 or 78.1% of males aged 16-64 were participants in the labor force, while 40,871 or 65.2% of females aged 16-64 were participants in the labor force in the Purchase region. Also, the civilian unemployment rate for all persons over 16 years of age was 6.3%. Further, the unemployment rate of high school dropouts, aged 16 to 19, in Purchase totaled 28.6%, just below the 30.7% rate for the state[139]. In Purchase, the greatest number of job openings during the next decade will come from sales, office administrative and food related occupations[140].

The State of Violence in Purchase

In FY 2003-2004, approximately 26.8% of child investigations referred to the state for allegations of abuse or neglect were substantiated[141]. With regard to the number of victims of domestic violence, a little more than 4% of all women and children living in Kentucky shelters were from the Purchase region[142]. Regarding the instances of rape and sexual assault, approx. 4.5% of all unduplicated victims for the state were from Purchase[143]. Further, 1.1% of the total state-wide cases of adult abuse were from Purchase, while 5.3% of the total caseload of caretaker neglect (adult) were also from this region[144]. Finally, less than 1% of all perpetrators of rape and sexual assault who were treated by Kentucky's mental health system for mental health and/or substance abuse issues were from Purchase[145].

Organizational Relationships

A social network analysis of referral patterns across service providers in the region who work with persons at risk of violence or victims of violence was conducted to examine their organizational network. In this region, the organizational network can be described as fully connected. Figure 1 shows a representation of a fully connected network.

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[137] Kentucky State Data Center, 2004. Population figures 2003 Census. Poverty Rate 1999 Census.
[138] Kentucky County Health Profiles, 2001.
[139] US Census Bureau, 2000.
[140] Education Cabinet, 2004.
[141] Kentucky Cabinet for Health and Families, 2004. Data obtained from TWIST dataset.
[142] Kentucky Domestic Violence Association, 2004. Data obtained from aggregate service provider reports.
[143] Kentucky Association of Sexual Assault Providers, 2004. Data obtained from aggregate service provider reports.
[144] Kentucky County Health Profiles, 2001.
[145] Kentucky Department for Mental Health and Mental Retardation, 2004. Data obtained from aggregate service provider reports.

Figure 1
Fully Connected Network
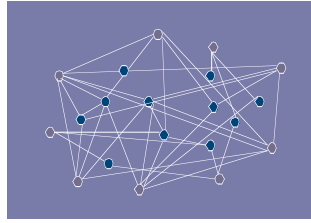
In a region with a fully connected network, organizations report many connections to one another. The network of providers working together is not dependent on a set of organization. The challenge for this region is to develop primary prevention activities that are inclusive of the many organizations that work together on a regular basis.

According to service providers in the Purchase region, the following represent the community's best ASSETS:

- Multi Disciplinary Team, Kentucky Temporary Assistance Program and other coalitions
- Region wide capacity to support children services
- Strong connection among service providers
- Access to university resources i.e. professors, trained professionals (Murray State)
- Ability to support continuing education

With regard to areas that need improvement, the consensus among Purchase victim-service providers is that the following represent the community's largest DEFICITS:

- Lack of education with young adults
- Lack of implementation of findings from coalitions etc.
- Legislation not keeping up with other states/not supporting key prevention areas
- Community awareness
- Lack of resources

As a result of the targeted violence prevention planning process, Purchase determined their three regional priorities to be:

- Education related to primary prevention/awareness community wide
- Lack of resources
- Legislation that keeps up with other states/supports prevention of the problem

Process:

In summary, the Purchase Area Violence Prevention Team believes that although we have a strong network of community agencies and some prevention education activities, clearly, we are not addressing violence prevention across our region. With increased funding and resources, we believe we could begin a strong collaborative effort that would lay the foundation for violence prevention awareness and education. We plan on continuing our meetings at least once per quarter.

Coordinated by Richard Remp-Morris of the Rape Crisis Center, the following individuals also participated in the Purchase regional violence prevention planning process:
- Nita Pursley, McCracken Family Court
- BB McGuirk, Child Watch (children's advocacy center)
- Sharon Green, Graves County Child Attorney
- Kim Brand, Graves County Child Advocacy
- Astaire Henderson, Work and Learn Coordinator, Western Kentucky C Training Center

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Appendix A

Synthesis of Priority Assets and Deficits from Regional Planning Meetings

Assets

1. Strong response to issues that endanger children; in particular drug-endangered children
2. In-depth information on community resources available
3. Front line workers demonstrate long-term dedication; front line workers are retained on a long-term basis
4. Combined domestic violence and sexual assault services demonstrate resources working together
5. Well networked
6. Collaborative efforts between organizations
7. Networking of organizations
8. Prevention/education efforts
9. Philosophy of the region's care about the issues
10. Great networking/relationships among agencies
11. Family Resource and Youth Service Centers are avidly and successfully serving many needy families
12. Victim's Compensation Fund serves the entire state of Kentucky
13. Excellent victim advocates that serve the region
14. High functioning children's advocacy center that constantly serves the needs of abused children and their families
15. Rape crisis program
16. Children Advocacy Center
17. Domestic violence shelter
18. Cooperative law enforcement agencies/local government
19. Diversity of services offered
20. Existing community agencies
21. Public transportation in some areas of the region
22. The presence of a shelter
23. Active participation by current members in the process
24. Communication within the team
25. Strong desire to grow the team into a regional committee
26. Individual programs within the counties that can be developed into regional programs/campaigns.
27. Substantial networking already present
28. Varied services already in place
29. Involved and interested community members groups
30. Existing educational program within the community
31. Strong victim advocate programs available
32. Long history of collaboration among agencies and community partners
33. Good quality services
34. Recognition by agencies and partners of the dynamics and relationships among the various factors that contribute to violent behaviors
35. Excellent variety of services, including those beyond "basic" service concepts
36. Excellent approaches to educating public and consumers about availability of region's human services
37. Community programs
38. Family court system
39. Organized effort to alleviate substance abuse
40. Coalitions/partnerships
41. Programs exist that target preventive activities to pre-school children

42. Public education programs available in all schools and grades
43. 24/7 advocacy, available in crisis centers for sexual assault victims
44. Elder Maltreatment Alliance
45. Cabinet investigative staff in the area of child abuse
46. DOVE Program (Developing Options for Violent Emergencies)
47. Multi Disciplinary Team and Kentucky Temporary Assistance Program
48. Region wide capacity to support children services
49. strong connection among service providers
50. Access to university resources/ professors, trained professionals
51. Ability to support continuing education

Themes

A. Collaboration and already existing partnerships with the majority of regions believing collaboration to be an asset
B. Community attitude that supports ending violence; a philosophy that unites the agencies at the local level to do this work
C. Strength of the existing programs, with the majority of the assets listed specified the programs already in existence are an asset

Deficits

1. Lack of education with young adults
2. Lack of implementation of findings from coalitions
3. Legislation not keeping up with other states/not supporting key prevention areas
4. Community awareness
5. Lack of resources
6. Not enough prevention and treatment programs within the area of child abuse
7. Laws and legislative wording needs to change regarding Emergency Protective Order statutes to including dating partners
8. Need education programs to change societal attitudes, such as victim blaming with sexual assault victims
9. Prevention education programs available in all schools and grades
10. Statewide advocacy for legislators
11. The need for safe placement for child abuse victims and awareness of options
12. Strengthen collaboration in regard to prevention
13. Education and Awareness of culture beliefs
14. Lack of resources and funding, not enough workers assigned for prevention activities
15. Lack of standardized mandated training for law enforcement and the judiciary
16. Lack of long term treatment facilities for substance abuse
17. The effects of methamphetamine abuse
18. Agencies are not able to function at their full potential due to the lack of resources for existing resources.
19. Getting services to the rural areas
20. Not enough legislative interest in or education about our issues
21. Relationships with law enforcement need enhanced
22. Limited communication about services throughout the region
23. Insufficient or poorly defined statistics on incidence available
24. Centralized in one HUB county
25. Lack of funding for full services to be spread throughout each county
26. Staffing shortages in most professional fields.
27. Participation of additional community representatives
28. Communication within/between community resources
29. Spanish language proficiency is needed throughout the community
30. Crime victims do not know what services exist in their community and how to access those services
31. Lack of safe and affordable housing may inhibit some crime victims from leaving violent situations
32. Money is needed across the board for agencies to keep existing services and or expand to meet community needs for services
33. Lack of funding
34. Lack of long term alcohol/drug treatment center
35. Lack of adequate transportation
36. Lack of adequate housing
37. Lack of evaluation of outcome of services
38. Poor public transportation systems
39. Medicaid cut-backs that are preventing many from receiving needed services, dentistry due to lack of low reimbursement rate
40. Lack of prevention education materials and providers
41. Lack of trainings for professionals due to low funding
42. Little education of law enforcement and judiciary regarding child abuse, domestic violence and sexual assault
43. Lack of economic resources
44. The way data is reported
45. Public acceptance of violence due to media
46. Lack of parental involvement
47. Lack of on-going support for victims after the crisis, due to funding deficits

48. Caseloads are too high
49. A need for no-tolerance message against violence community-wide
50. Not a unified response from law enforcement against violence
51. There is a need to move beyond planning processes and implement needed services
52. There is a need for substance abuse services and transportation

Themes

A. Lack of resources (funding, staffing, transportation, housing, substance abuse)
B. Lack of prevention efforts (education, treatment, awareness)
C. Aftercare opportunities for those already victimized
D. Perception of a lack of interest in these issues legislatively
E. Issues related to the criminal justice system's response to violence
F. Data that is not representative of the issues, data that does not accurately portray the story of the local issues

Appendix B

Data Sources Used

Data Elements List:

- Area Development District (ADD) population, 2003 [Census]
- Percent of population below poverty level, 1999 [Census]
- Number of adults in the labor force, 2000 [Census]
- Number of both parents working, 2000 [Census]
- Number of adults not in the labor force, 2000 [Census]
- Percent of high school dropouts, aged 16-19, not working, 2000 [Census]
- Number of hospitals per ADD region, 2005 [Cabinet for Health and Family Services, OIG]
- Number of children under age 6 in daycare, 2000 [Census]
- Number of daycare centers, 2000 [Census]
- Number of daycare services in family homes, 2000 [Census]
- Number of Health Access Nurturing Development Services (HANDS) families, FY 2005 [Kentucky Department Public Health]
- Number of HANDS home visits (professional and para-professional), FY 2005 [Kentucky Department Public Health]
- Number of family resource and youth service centers (FRYSC), 2004 [Kentucky Department Education]
- Number of local child care councils, 2004 [Prevent Child Abuse Kentucky]
- Number of children reported to Department for Community Based Services for child abuse, FY 2004; 2005 [TWIST] Cabinet for Health and Family Services
- Number of child investigations substantiated, FY 2004, 2005 [TWIST] Cabinet for Health and Family Services
- Total unduplicated child victims of the Kentucky Association of Children's Advocacy Centers, FY 2004
- Number of allotted child beds in crisis stabilization programs, FY 2004 [Kentucky Department Mental Health Mental Retardation]
- Number of Emergency Protective Orders/Domestic Violence Orders, FY 2004, 2005 [Kentucky State police]
- Number of victims of domestic violence in shelter, duplicated, FY 2004, 2005 [Kentucky Domestic Violence Association]
- Number of victims of domestic violence not in shelter, unduplicated, FY 2004, 2005 [Kentucky Domestic Violence Association]
- Number of victims served by rape crisis centers, female and male, unduplicated, FY 2003 [Kentucky Association of Sexual Assault Programs]
- Number of allotted adult beds in crisis stabilization programs, 2004 [Kentucky Department Mental Health Mental Retardation, Kentucky Department Mental Health Substance Abuse Services]
- Number of substance abuse in-patient treatment programs, 2004 [Kentucky Department Mental Health Mental Retardation, Kentucky Department Mental Health Substance Abuse Services]
- Number of family courts [Administrative Office of the Courts, AOC]
- Number of referrals to Adult Protective Services (APS) for abuse or neglect of adults aged 60 and older, 2004 [TWIST]
- Number of referrals to APS substantiated, for abuse or neglect of adults aged 60 and older, 2004 [TWIST]
- Number of Homecare clients, and number of Homecare clients on waiting lists, YTD 2005 [ADD offices]
- Number of Personal Care Attendant Program (PCAP) clients, and number of PCAP clients on waiting lists, YTD 2005 [ADD offices]
- Number of users of Kentucky's mental health system, including number of victims served and number of perpetrators served, under age 18 and age 18 and older, FY 2004 [Kentucky Department for Mental Health Mental Retardation]

- Kentucky counties ranked by level of poverty, 1999 [Census]
- Kentucky crime rates, 1960-2000 [Census]
- Five maps of children in Kentucky affected by methamphetamine production, 1998-2003 [University of Kentucky, College of Agriculture]
- Map of county and independent school districts
- Kentucky County Health Profiles 2000, 2001

Appendix C

<u>Notes on Data Sources</u>

➤ **Data on sexual assault** in each region was obtained from aggregate service provider data from the Kentucky Association of Sexual Assault programs.

➤ **Data on domestic violence** in each region was obtained from aggregate service provider data from the Kentucky Domestic Violence Association.

➤ **Data on child abuse and neglect** in each region was obtained from aggregate reports obtained form the Department for Community Based Services TWIST dataset.

➤ **Data on perpetration and mental health/substance use** is based on self-report of past violent behavior during intake at a community mental center obtained by the Kentucky Department for Mental Health and Mental Retardation. This perpetration may or may not have been adjudicated.

➤ **Patterns of organizational relationships based on SNA techniques** is based on the self-report of referral patterns from organizations that work with victims of violence in each region.

Appendix D
Organizational Network Questionnaire

Name: _____   Affiliation:_____

1. Who are the top five agencies/professionals that you refer your clients to?

    1)   _____

    2)   _____

    3)   _____

    4)   _____

    5)   _____

2. What are the top five reasons you make referrals?

    1)   _____

    2)   _____

    3)   _____

    4)   _____

    5)   _____

3. Are there any other agencies/professionals that are an important part of your referral list? If yes,

    please list them below:

_____

_____

_____

_____

4. Who are the top 5 agencies/professionals that refer clients to you?

    1) _____

    2) _____

    3) _____

    4) _____

    5) _____

5. What are the top 5 reasons people refer clients to you?

    1) _____

    2) _____

    3) _____

    4) _____

    5) _____

6. Are there any other agencies/professionals that are an important source of referrals to you/your agency?

_____

_____

_____

7. Are there problems that your clients face that you have no person/agency to refer them to help solve the problem?

_____

_____

_____

8. Are there any services that you provide that you wish you got more client referrals for?

_____

_____

_____